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OPINIONS OF LOGAN CITY RESIDENTS TOWARDS THE
BEAR RIVER DISTRICT HEALTH DEPARTMENT

by

Darrell R. Borrowman

A thesis submitted in partial fulfillment
of requirements for the degree of

MASTER OF SCIENCE

in

Health, Physical Education and Recreation

Utah State University

Logan, Utah

1976

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Darrell R. Borrowman

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ABSTRACT

Opinions of Logan City Residents Towards the
Bear River District Health Department
by

Darrell R. Borrowman, Master of Science
Utah State University, 1976

Major Professor: Dr. Janice Pearce
Department: Health, Physical Education, and Recreation

The purpose of this study was to determine the opinions and perceptions of the residents of Logan, Utah, concerning the role and responsibilities of the Bear River District Health Department, and whether those opinions and perceptions differed among low, middle and high income families; among residents having a high school degree or less, a bachelor's degree or less, or a graduate degree or less; and among men and women. A survey instrument was administered to a stratified random sample of 150 residents.

The data collected indicated that: (1) the majority of the residents of Logan, Utah, were not aware of the functions and services of the Bear River District Health Department. This level of awareness was inversely proportional to income level, (2) the majority of residents of Logan, Utah, felt that the Bear River District Health Department was fulfilling

it's role and responsibilities to the community, and (3) the majority of residents of Logan, Utah, do not utilize the services of the Bear River District Health Department to meet their health needs, but rely on some other agency or professional to meet those needs. This tendency was directly proportional to income level, with low income residents relying on the health department for services to a greater degree than high income residents.

(153 pages)

CHAPTER I

Introduction

The role of the public health department within a community is a broad and varied one. The community public health department offers a great many services to a great many people. Screening clinics, immunization clinics, sanitation control, communicable disease control and health education are examples of services that may be provided to residents of a community, and are generally free of charge.

In 1948 the House of Delegates of the American Medical Association defined the role of the public health department as, "the art and science of maintaining, protecting and improving the health of the people through organized community efforts. It includes those arrangements whereby the community provides medical services for special groups of persons and it is concerned with prevention or control of disease, with persons requiring hospitalization, with protecting the community, and with the medically indigent."¹

¹Anderson, C. L. Community Health, 2nd Edition, (St. Louis: The C. V. Mosby Company, 1973), p. 4.

More than a generation ago, C. E. A. Winslow, one of the leading figures in the history of public health, conceived the science and art of public health practice as preventing disease, prolonging life, and promoting health and well-being through organized community effort. He also conceived it as providing for the sanitation of the environment, the control of communicable infections, the organization of medical and nursing services for the early diagnosis and prevention of disease, the education of the individual in personal health, and the development of the social machinery to assure everyone a standard of living adequate for the maintenance of health.²

It is obvious that the services and roles of public health departments affect the lives of every person in the community in some way, whether it be indirectly, such as controlling water quality, or directly, such as providing medical or nursing care for a specific individual.

Some residents of a community actively seek the services of the public health department while others do not. Those who use the services may do so because of the relatively low cost, or because of easy accessibility, satisfaction with previous programs, and because they are well aware of what

²Ibid., p. 3.

services the public health department offers and wish to take advantage of them.

Those who do not use the services offered by the public health department may fail to do so because they are not aware of the services offered, because the services are inaccessible to them, they seek the services elsewhere, such as with their family physician, or because they are not satisfied with the services being offered. Whatever the reason, public health departments need to assess the public's opinion of their operation, and use that knowledge to improve and alter procedures and programs in order to better serve the community's needs.

By polling the community in a representative way, the public health department can obtain the opinion of the population which they serve, and can use the knowledge as an aid in evaluating present programs and as a base of development for new programs. Since the health department's responsibility is to the residents of the community in which they are located, they must be able to gauge that community's degree of satisfaction and needs in order to establish programs which will truly meet those needs.

Statement of Problem

The purpose of this study was to determine the opinions and perceptions of the residents of Logan, Utah,

concerning the role and responsibilities of the Bear River District Health Department, and whether those opinions and perceptions differed among low, middle and high income families; residents who had a high school degree, a bachelor's degree or graduate degree; and between male and female residents. A survey instrument was administered to a stratified random sample representing low, middle and high income families.

Subproblems

Some of the subproblems foreseen in this study were:

1. The selection of a population sample.
2. The development of the survey instrument.
3. Assuring standard administration of the survey instrument.

Delimitations

The sample population was delimited to a random selection of fifty residents within each of three designated socioeconomic areas during June 1975. Surveying was completed during June 1975.

Limitations

The limitations of this study were:

1. The degree to which the survey instrument accurately measured the opinion of respondents.
2. The degree to which the population sample accurately reflected the opinions of lower, middle and upper socioeconomic groups.

3. The degree to which the population sample accurately reflected the opinions of residents with a high school degree, a bachelor's degree or a graduate degree.
4. The degree to which the population sample accurately reflected the opinions of male and female residents.

Procedure

The survey was the method of research used in this study. A survey instrument was developed to determine the respondents' opinions, knowledge and perceptions regarding the services offered by the Bear River District Health Department.

The survey instrument was administered to a stratified random sample of residents who represented low, middle and high income families. The responses were then classified by socioeconomic status.

The socioeconomic status of the respondents was determined by designating three areas of Logan, Utah, which represented high, middle and low income areas, on the basis of home values (see Appendix II). Blocks within each of the three areas were randomly selected by assigning each block in each area a number and then drawing those numbers from a hat. A random selection of houses within each selected block was obtained by selecting from a hat a number between

one and four to determine if sampling would begin on the northeast, northwest, southeast or southwest corner of the block. Another number between one and five was drawn from a hat to determine if every house, every other house, every third house, every fourth house or every fifth house on the block would be sampled.

Interviews were conducted until a total of fifty respondents from each area had been obtained. In the case of no response, the interviewer revisited each house until contact was made.

As a double check on the income status of the respondents, the survey instrument included a question dealing with income in which the respondents designated their yearly income as being below \$8,000; \$8,001 to \$11,999; or above \$12,000.

Responses to the survey instrument were compared for the three income areas by use of the chi-square technique.

A pretest of the survey instrument was conducted by administering the survey instrument to twenty-five subjects chosen at random from the telephone directory by the researcher. None of the pretest subjects repeated in the actual survey.

Validity

Survey research is a distinctive research methodology that owes much of its recent development

to the field of sociology. Studies involving surveys account for a substantial proportion of the research done in the field of education.³

The rise of a scientific approach to opinion polling has been rapid in recent years, especially in the fields of health, physical education and recreation. This approach makes it possible to ascertain the probable reactions of people before embarking on various projects. In the third edition of Research Methods in Health, Physical Education and Recreation, Singer states:

In health, physical education and recreation, opinion polls are frequently conducted to obtain some information regarding reactions of students, parents or participants in programs, facilities, instruction, or other areas. These surveys, in common with the polls discussed above, have a momentary importance or value in relation to the sample studied but the findings permit little generalization.⁴

This generalization is the external validity of the research, that is, to what populations, settings, treatment variables and measurement variables can the

³Borg, Walter R. & Gall, Meredith D. Educational Research-An Introduction, 2nd Edition, (New York: David McKay Company, Inc., 1971), p. 187.

⁴American Association of Health, Physical Education and Recreation, Research Methods in Health, Physical Education and Recreation, 3rd Edition, (Washington D.C.: American Association of Health, Physical Education and Recreation, 1973), p. 273.

effects be generalized.⁵ The results of this research may be applied to the particular population surveyed, but may not be generalized to other groups outside of that population.

Internal validity, on the other hand, is the extent to which the research measures what it was intended to measure.⁶ For the purposes of this study, internal validity must be taken as face validity. The survey instrument was developed to deal with specific responses and must therefore be taken as valid for measuring those responses.

Questions in Lieu of a Hypothesis

In lieu of a hypothesis, the following questions were proposed as objectives of this research:

1. To what extent were residents of Logan, Utah, aware of the functions and services of the Bear River District Health Department? Was there a difference in level of awareness among low, middle and high income families; among respondents with a high school degree or less, a bachelor's degree or less or a graduate degree or less; and among male and female respondents?

⁵Campbell, D. T. & Stanley, J. C. Experimental and Quasi-Experimental Designs for Research, (Chicago: Rand McNally and Company, 1963), p. 5.

⁶Ibid., p. 5.

2. What opinions are held by residents of Logan, Utah, concerning the role, responsibilities and services of the Bear River District Health Department? Did these opinions differ among low, middle and high income families; among respondents with a high school degree or less, a bachelor's degree or less or a graduate degree or less; and among male and female respondents?

3. To what extent were residents of Logan, Utah, utilizing the various services offered by the Bear River District Health Department? Did usage differ among low, middle and high income families; among respondents with a high school degree or less, a bachelor's degree or less or a graduate degree or less; and among male and female respondents?

Definition of Terms

1. Socioeconomic status - the group to which the respondent belongs in regards to family income; low, middle or high.
2. Low socioeconomic status - for the purposes of this study, any respondent with an annual income of \$8,000 or less.
3. Middle socioeconomic status - for the purposes of this study, any respondent with an annual income greater than \$8,000, but less than \$12,000.

4. High socioeconomic status - for the purposes of this study, any respondent with an annual income greater than \$12,000.
5. Community Health Department - a governmental organization at the community level whose objectives are to promote health and well being through community effort by sanitation control, control of communicable infections, organization of nursing and medical service for early diagnosis and treatment of disease, education of community members, and determining standards necessary for the maintenance of health, and assessing the health needs of the community in which it is located.
6. Bear River Health Department - a community public health department located in Logan, Utah, and the health authority for Box Elder, Cache and Rich Counties.

Justification

There was a need to determine what the public perceived the role and responsibilities of the local public health authority to be, and to determine if the public felt that these roles and responsibilities were being fulfilled. There was also a need to determine if opinions and perceptions regarding the

role and responsibilities of the local public health authority differed among low, middle and high income families, among respondents with a high school degree or less, a bachelor's degree or less or a graduate degree or less, and among male and female respondents.

CHAPTER II

Review of Related Literature

The review of related literature has been separated into four main areas: the role of public health departments, the processess of conducting public opinion surveys, the relationship of socioeconomic status, and related research. Each of these four areas will be discussed under a separate sub-title.

Role of the Public Health Department

A review of the literature revealed that the first state health department was organized in Massachusetts in 1869, with Dr. Henry I. Bowdich as the first director. The department perceived their responsibilities as falling in the areas of professional and public education in hygiene, housing, investigation of some diseases, slaughtering, sale of poisons and conditions of the poor.⁷

Until this time, and before the founding of the American Public Health Association, public health consisted of groups of gentlemen, mostly physicians, who, in some degree had been co-workers in studying preventive medicine, and worked in the duties of public

⁷Anderson, C. L. Community Health, 2nd Edition, (St. Louis: The C. V. Mosby Company, 1973), p. 12.

sanitary service.⁸ These men worked with similar motivations and goals, but effected little change due to lack of organization.

On September 13, 1872, the American Public Health Association was founded, and adopted as its role and responsibilities the advancement of sanitary science, and the promotion of organizations and measures for the practical application of public hygiene.⁹ Since that time, the accepted roles and responsibilities of public health departments have grown in content, concept, personnel and organization. Table 2-1 shows the year of organization of current sections of the American Public Health Association.¹⁰

On November 1, 1950, the American Public Health Association adopted an official statement regarding the services and responsibilities of local health departments which represented drastic changes since their inception.¹¹ The local health department was seen as the basic service unit in the administration of public health. Because of daily contact with the

⁸Terris, Milton, "Evolution of Public Health and Preventive Medicine in the United States," American Journal of Public Health, Vol. 65, No. 2, Feb. 1975, p. 161.

⁹Ibid.

¹⁰Ibid., p. 164.

¹¹Official Statement of the American Public Health Association, "The Local Health Department--Services and Responsibilities," American Journal of Public Health, Vol. 41, March 1951, p. 302.

TABLE 2-1

YEAR OF ORGANIZATION OF CURRENT SECTIONS
OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

<u>Year</u>	<u>Section</u>
1899	Laboratory
1908	Health Administration Statistics
1911	Environment
1914	Occupational Health
1917	Food and Nutrition
1921	Maternal and Child Health
1922	Public Health Education
1923	Public Health Nursing
192	Epidemiology
1942	School Health
1943	Dental Health
1948	Medical Care
1955	Mental Health
1964	Radiological Health
1969	Community Health Planning
1970	Veterinary Public Health
1971	New Professionals, Podiatric Health
1972	Injury Control and Emergency Health Services

public they are in a position to obtain firsthand information concerning local health needs, and have the responsibility for providing the community with direct services. By combining medical, dental, nursing, engineering, and other technical services together with statistical, educational, managerial and administrative skills, made available through a full-time, well staffed local health department, with specially trained personnel, utilizing health sciences in the public interest through effective community organization, they may assure the highest possible level of health among members of that community.¹²

The program of the local health department should be flexible, designed in terms of community health needs and resources and capable of modification to meet new public health problems as they become recognized.

In the official statement adopted by the American Public Health Association, the following criteria were accepted as desirable minimum functions of a local health department: vital statistics, sanitation, communicable disease control, laboratory services, maternal and child health, health education, and control of chronic diseases.¹³ Accident prevention, hygiene of housing, industrial hygiene, school health services,

¹²Ibid., p. 302.

¹³Ibid., p. 303.

mental health, medical rehabilitation, and hospital and medical care administration are other areas of service and responsibility which have been incorporated into the programs of an increasing number of local health departments.¹⁴

In order to achieve an effective program, on a maximum level, the American Public Health Association states that a local health department should provide the following general types of services and use the following methods:¹⁵

1. Recording and analysis of health data. This is necessary in order to locate local health problems and aid in program planning, and includes such data as vital statistics, records of people with certain long term diseases and impairments, epidemiological surveys, collection and organization of morbidity records of health personnel and periodic evaluation of community health needs and services.

2. Health education and information. Since an informed and educated public is one of the best guarantees of effective health service, the community health department should carry on extensive, continuous programs of public health education aimed at stimulating the public to recognize health problems and to cooperate

¹⁴Ibid.

¹⁵Ibid., pp. 303-307.

with health officials in effecting solutions to the problems. The public health department can do this by individual instruction, lectures and classes, and mass educational and information media.

3. Supervision and regulation. Local health departments should have supervisory and regulatory responsibilities covering such things as protection of food, water, and milk supplies, nuisance control, sanitary disposal of wastes, pollution control, control of sources of infection, inspection of hospitals and other health facilities, and prevention of occupational accidents and disease. This can be done by a variety of methods such as public education, issuance of regulations, laboratory control, inspection and licensure, revocation of permits and as a last resort, court action.

4. Provision of direct environmental health Services. Another of the local health department's responsibilities is to directly control operation and management of environmental health services in order to control communicable diseases such as malaria, hookworm, typhus and enteric diseases. This function may cover such operations as proper treatment of sewage, and insect and rodent control.

5. Administration of personal health services. Local health departments should be responsible for

providing various personal health services such as immunization clinics, advisory service such as health conferences and prenatal clinics, case finding surveys and examinations, diagnostic aid and counseling for physicians, and diagnosis and treatment of specific diseases. The local public health department should also aim at diagnosis and treatment of today's chronic diseases and mental illnesses.

6. Operation of health facilities. Local health departments should operate well equipped health centers, and have adequate space for administrative offices, clinic facilities, and classroom areas. Local health departments may also assist in the administration of local hospitals and clinics.

7. Coordination of activities and resources. Local health departments should coordinate various organizations, and provide general leadership in the planning and administration of the various services available in order to efficiently meet and provide for the various health needs and demands of the community.

There is some disagreement as to the exact way in which community health departments should involve themselves in health services. Dr. John Bailey, Director of the Bear River Health Department states that some people in the public health field feel that local health departments should be involved extensively

in the planning stage of health care for the community, but leave the actual delivery of the services to other organizations or agencies.¹⁶

In determining the health service needs of a community, that is, the difference between available health services and the service level necessary to satisfy requirements of the community residents, four prerequisites must be satisfied. They are: (1) existence of a health need, (2) the importance of specific services for meeting given health needs, (3) the appropriateness for an organization to provide certain services, and (4) the availability or provision of necessary support.¹⁷

Although the above criteria determine what services any public health department will be able to offer, there are many services typically offered by public health departments. Table 2-2 shows some services and activities within selected health care programs.¹⁸

According to Osborne, even though the state government coordinates programs and establishes

¹⁶Bailey, John, Dr. Interview held at the Bear River Health Department, June 9, 1975.

¹⁷Gentry, John T., Et.al., "Attitudes and Perceptions of Health Service Providers," American Journal of Public Health, Vol. 64, No. 12, December 1974, p. 1123.

¹⁸Ibid., p. 1124.

TABLE 2-2

SERVICES AND ACTIVITIES WITHIN SELECTED
HEALTH CARE PROGRAM AREAS

1. Home Health Services

Social Services

Home nursing services

Physician services (for coordination and planning
of patient care)

Homemaker or health aide services

Home delivered food services

Transportation services

Patient care conferences

Physical therapy

Speech therapy

2. Family Planning Services

Provision of family planning services as a separate
entity

Provision of family planning services in conjunction
with other health services, e.g., pre- and post-
natal clinic, well-baby conferences

Routine educational and case-finding activities for
maternity (or other) patients within your hospital

Systematic follow-up procedures involving postcard
or telephone reminders, or home visits

Community case-findings activities using indigenous
workers

TABLE 2-2 Continued

3. Rehabilitation Services
 - Routine evaluation of all patients regarding need for rehabilitation services
 - Standard nursing procedure regarding rehabilitation practices
 - Physical therapy service
 - Occupational therapy service
 - Speech and hearing therapy services
 4. Mental Health Services
 - Outpatient diagnostic and treatment services
 - Inpatient diagnostic and treatment services
 - Use of indigenous workers for case-finding and information dissemination
 - Integration of mental health services with other health services, e.g., psychological support for patients undergoing disfiguring surgery
 - Follow-up care after hospitalization
 5. Medical Social Work Services
 - Psychological and social consultation for patient diagnosis and therapy
 - Information and referral service
 - Patient predischARGE planning
 - Assist families with legal problems
 6. Chronic Disease Screening
 - Cervical cytology screening
 - Ocular tonometry for glaucoma screening
 - EKG cardiac anomaly screening
 - Multiple blood chemistry screening
 - Self-administered health questionnaire forms
-

minimum standards of operation, the local units should have considerable freedom to provide the kind of health services that are required by a specific community.¹⁹

Public Opinion Surveys

There are two main types of surveys which can be made. A descriptive survey attempts to verify some characteristic of the survey population, and an experimental survey is aimed at proving or disproving some hypothesis concerning the survey population. Whichever method is used, techniques and methodology are consistent and must be adhered to if unbiased, usable results are to be obtained.

Epidemiologic investigations, a type of experimental survey, and other health related research endeavors to adhere to the basic principles and orderly procedures which are embodied in the scientific method. Information is assembled through systematic observations or measurements using techniques which will assure as high a degree of accuracy and precision as possible. The data thus assembled are analyzed through a variety of appropriate statistical methods and give rise to conclusions which are tied to the observations and measurements. Throughout the study, a special effort

¹⁹Osborne, Barbara M. Introduction to Community Health, (Boston: Allyn and Bacon Inc., 1964, p. 137.

is made to reduce bias that may arise from a variety of sources such as subjective or preconceived ideas or from human, mechanical or other kinds of errors.²⁰

If basic procedures are followed, the results of a public survey will be reliable and will be one of the best ways of gathering data. The first step is to define the problem and determine exactly what it is the researcher wishes to study. Next is a review of existing literature on the subject, then the development of a hypothesis. Then the researcher should designate the universe, population and sample population. Personnel should then be selected and trained, the data collected, processed and finally analyzed.²¹

In the preparatory stages, various lines of approach should be explored. Much can be gained from talks with experts, both with those familiar with the subject matter and with survey practitioners. These experts can provide a great deal of help in overcoming the problems of planning a survey such as whom to collect the data from, what methods to use for collecting it, and how to process, analyze, and interpret the data.²²

²⁰Goerke, Lenor S., Stebbins, Ernest L. Mustards Introduction to Public Health, 5th Edition, (London: The MacMillan Co., 1968), p. 112.

²¹Ibid., p. 112

²²Moser, C. A. Survey Methods in Social Investigation, (New York: The MacMillan Co., 1958, pp. 113-1155.

For the purposes of a public opinion survey, C. A. Moser states that without a doubt the personal interview is the most appropriate procedure, even though it introduces various sources of error and bias.²³ However, if the interviewer obtains interviews with the subjects in a consistent manner, many sources of error and bias can be eliminated. Nagle states that personal interview surveys should be designed with a trio of factors in mind, public opinion, public knowledge, and public vision; and conducted with concern for statistical validity and reliability. To accomplish this, the poll should include limited and free response questions, those that give the respondent a series of possible replies from which to select the one most in accord with his thinking, as well as those that encourage him to write a one or two sentence comment.²⁴

A sample survey technique is uniquely designed for descriptive surveys.²⁵ This is a technique or method of surveying whereby a sample population chosen from a larger population is surveyed. The sample population

²³ Ibid.

²⁴ Nagle, John M., "How to tell what your public really thinks," The American School Board Journal, Vol. 156, No. 6, December 1968, p. 9.

²⁵ Hyman, Herbert. Survey Design and Analysis, (Glencoe, Illinois: The Free Press, 1955), p. 70.

is chosen on the basis of previous knowledge of the larger population so that it is representative of the larger population by such things as sex and age distribution, income distribution, occupational distribution and educational distribution. Influences will be incorrect if the sampling procedure does not permit the development of accurate estimates of the population of interest.²⁶ Choosing of a sample population by previous knowledge of the characteristics results in a stratified random sample.

In an effort to obtain a stratified random sample, the researcher must know certain facts about the population. One way in which the researcher can obtain these facts is by use of census tracts. Census tracts are small geographic units into which metropolitan areas are divided for purposes of reporting population characteristics, and these characteristics tend to be quite homogeneous within tracts. The census volume published for each state is divided into four sections; number of inhabitants, general population characteristics, general social and economic characteristics and detailed characteristics.²⁷

²⁶Mausner, Judith S., & Bahn, Anita K. Epidemiology-An Introductory Text, (Philadelphia: W. B. Saunders Co., 1974), p. 139.

²⁷Goerke, Lenor S. & Stebbins, Ernest L. Mustards Introduction to Public Health, 5th Edition, (London: The MacMillan Co., 1968), pp. 86-87.

By using this information available in census tracts, the researcher has a source of facts concerning the population which is being surveyed and may be used in determining a stratified random sample. This stratification does not imply any departure from the principle of randomness, all it means is that before any selection takes place, the population is divided into a number of strata, then a random sample is selected within each stratum.²⁸

If done properly, the survey method for collecting data can be very reliable and efficient. By proper planning, training and interpretation, the researcher will find that surveying can yield data which can be analyzed and interpreted easily.

Socioeconomic Status

Socioeconomic status is a combination of several characteristics which attempts to identify or indicate an individual's level in his society as compared to other members of the society. Such things as income distribution, median income, educational attainment and employment are examples of these characteristics. They may be classified by age, sex, race, location, or other

²⁸Moser, C. A. Survey Methods in Social Investigation, (New York: The MacMillan Co., 1958, p. 112.

variables, and are frequently considered in connection with indicators of health and well being.²⁹

Socioeconomic status is not only an indicator of an individual's level in society, but may indicate other facts or trends also. Mausner and Bahn state that it seems generally true that persons of low educational attainment tend to participate in medical surveys at a lesser rate than those with better educational backgrounds.³⁰ These authors also state that poverty affects utilization of medical care services for a variety of reasons. In addition to having fewer material resources and restricted access to medical care, the poor tend to underutilize available preventive services. Motivation to seek such care entails a concern about health and about future health problems. Surveys of the perceived needs among the urban poor show that problems such as employment and housing are so overwhelming that health needs tend to have a relatively low priority.³¹

Socioeconomic status can be used also as a variable for comparison of different groups. Groups can be

²⁹Goerke, Lenor S. & Stebbins, Ernest L. Mustards Introduction to Public Health, 5th Edition, (London: The MacMillan Co., 1968), p. 92.

³⁰Mausner, Judith S. & Bahn, Anita K. Epidemiology-An Introductory Text, (Philadelphia: W. B. Saunders Co., 1974), p. 141.

³¹Ibid., p. 52.

compared on the basis of occupation, education or income level, and comparisons may also be made from within any of these characteristics. For example a comparison may be made between high school dropouts, high school graduates and college graduates, or between low, middle, and high income groups. Research in this area has indicated differing degrees of knowledge, ability, perception and opinion among differing socioeconomic groups.

Related Research

Some research has been conducted relating to socioeconomic status and opinions regarding specific health services and attitudes towards health practices, but a review of related research has failed to find any studies in which socioeconomic status is related to opinions and perceptions of a public health department. However, studies done in these related areas offer some insight into the behavior of individuals regarding health and health practices relating to socioeconomic status.

In a study conducted in 1971 in Rhode Island concerning attitudes toward abortion and socioeconomic status, Rao and Bouvier found that the better educated approved of abortion to a greater extent than the less educated. Results showed that almost one-third of those with incomes higher than \$12,250 approve of

abortion under all situations while only about 20 percent of those with under \$3,500 income approve.³² The authors felt that education seems to be the most significant variable in causing differentials in attitudes toward abortion. The study showed that only eight percent of the females with less than high school education approve of abortion whereas about 38 percent of females with college education similarly approve.³³

A study done by Marshall Becket, et.al., indicated that the poor were less likely to utilize the services of a public health department or a physician as opposed to those with higher incomes because personal health had a very low priority among the poor.³⁴ Other factors such as employment, housing and crime were of much greater concern than was health status. As a result, health services became something that was sought after many other responsibilities and expenses had been met.

A study done by Mueller, Uphoff and Zoellner further explains some reasons for the tendency of the poor to utilize health service facilities less often

³²Rao, S. L. N. & Bouvier, L. F. "Socioeconomic Correlates of Attitudes Toward Abortion in Rhode Island," American Journal of Public Health, Vol. 64, No. 8, August 1974, p. 770.

³³Ibid., p. 772.

³⁴Becker, Marshall H.; Drachman, Robert H.; & Kirscht, John. "A New Approach to Explaining Sick-Role Behavior in Low-Income Populations," American Journal of Public Health, Vol. 64, No. 3, March 1974, p. 205.

than those of higher income status. Results of this study supported evidence that although the need for health services is greatest among low income individuals, the demand and the supply is relatively low. Demand for health services by the poor was low because of low priority, and supply of health services among the poor was low because of little financial incentive for health personnel to practice in a low income area.³⁵

A study done by E. L. Koos demonstrated the relationship of social class to use of medical services. He showed an interrelationship of factors, the lower the class and the lower the income, the lower the perception of symptoms needing care and the lower the use.³⁶ Not only did this study show that low income people use health services less, but that they also perceive their need for those services as less.

Summary

Studies that have been conducted concerning socioeconomic status and attitudes toward health services have generally been limited to a correlation between socioeconomic status and attitudes concerning a specific health practice such as abortion on demand,

³⁵Mueller, Heinz F.; Uphoff, Walter H.; & Zoellner, Herbert. "Medical Services--Demand Versus Need," American Journal of Public Health, Vol. 64, No. 1, January 1974, pp. 55-56.

³⁶Freeman, Howard E.; Levine, Sol; & Reeder, Leo G. Handbook of Medical Sociology, (New Jersey: Prentice-Hall Inc., 1963), p. 363.

birth control or drug rehabilitation programs. However, such studies have shown that those individuals of low income status generally differ in health knowledge, health attitudes and health service usage from individuals of middle or high income status.

Although no specific studies have been done to relate socioeconomic status with opinions and perceptions of a public health department, certain trends have been shown to exist between differing socioeconomic groups and attitudes toward health. These attitude differences may or may not carry over to an individual's view of the public health department within his or her community.

CHAPTER III

Procedure

The purpose of this study was to determine the opinions and perceptions of the residents of Logan, Utah, concerning the role and responsibilities of the Bear River District Health Department, and whether those opinions and perceptions differed among low, middle and high income families; residents who had a high school degree or less, a bachelor's degree or less or a graduate degree or less; and among male and female residents.

Development of a Survey Instrument

A survey instrument (see Appendix I) was developed to determine the respondents' opinions, knowledge and perceptions regarding the services offered by the Bear River District Health Department. The survey instrument was reviewed by professionals at the Bear River District Health Department and health education specialists at Utah State University.

The survey instrument was developed to determine the respondents' sex, educational achievement, and income level as demographic variables. Questions one through six were designed to determine the respondents'

knowledge and awareness of the Bear River District Health Department, past usage of services offered by the Bear River District Health Department, and possible reasons for each respondents' usage or non-usage of services offered by the Bear River District Health Department.

Questions seven and eight were designed to determine what services each respondent would like to see offered by the Bear River District Health Department, with question seven being an open ended question. This was done in an effort to reduce bias which might occur if all services were first suggested to the respondent.

Questions nine through fourteen were designed to determine the respondents' opinions of policies and services of the Bear River District Health Department. Question fifteen was designed to determine the respondents' tendency to seek services from the Bear River District Health Department or from a private physician, and question sixteen was designed to determine the respondents' annual income.

For the purposes of this study, low income was determined to be \$8,000 or less, middle income was determined to be greater than \$8,000 but less than \$12,000, and high income was determined to be above \$12,000. Educational achievement was determined by

the respondent having achieved a high school degree or less, a bachelor's degree or less, or a graduate degree or less. The sex of each respondent was also recorded.

Selection of a Sample

In order to select a sample population, a map of Logan City, Utah (see Appendix II) was divided into three areas representing low, middle and high income areas based on home values. Each city block within each area was assigned a number, and these numbers were drawn from a hat to obtain a random sampling order.

For each block sampled, a number between one and four was randomly selected to determine whether sampling would begin on the northeast, northwest, southeast or southwest corner of the block. Another number between one and five was then randomly selected to determine whether every house, every other house, every third house, every fourth house or every fifth house would be sampled.

Collection and Treatment of Data

The survey instrument was administered by the author and all responses were marked by the author. All introductions and explanations to each respondent were identical. If any respondent had specific

questions, they were discussed and answered following administration of the survey instrument.

Interviews were conducted within each city block in the order they were sampled until a total of fifty samples had been taken within each of the three income areas. Call backs were made on all sample subjects not at home at the time of the original visit until contact was made.

The data collected were compared for each of the three income areas using annual income, educational achievement and sex as variables. The data for each respondent were key punched on to computer cards and were treated with the computer statistical package for Humanities, Arts and Social Sciences at Utah State University. The data were analyzed by means of the chi-square statistical technique.

CHAPTER IV

Analysis and Discussion of Data

The purpose of this study was to determine the opinions and perceptions of the residents of Logan, Utah, regarding the roles and responsibilities of the Bear River District Health Department, and if those opinions and perceptions differed among residents with low, middle and high incomes; among residents with a high school degree or less, a bachelor's degree or less and a graduate degree or less; and among male and female residents. This was done by administering a survey instrument to a stratified random sample of the Logan population.

Responses to the survey instrument were compared on a socioeconomic basis. Socioeconomic status was based on the respondents' income level, educational achievement and sex. The respondents' income level was determined to be, "low" if the respondent made \$8,000 or less per year, "middle" if the respondent made more than \$8,000 but less than \$12,000 per year, and "high" if the respondent made \$12,000 or more per year. Educational status was determined by the educational degree the respondent had achieved, that is,

a high school degree or less, a bachelor's degree or less, or a graduate degree or less.

The survey instrument was administered to a randomly selected sample of 150 respondents. Responses to the survey instrument were classified and analyzed by income level, educational status, and sex, and responses to all questions were analyzed using the chi square statistical technique.

The responses to each question are described for the total population and with responses classified by sex, education, and income level in the first section of this chapter. The second section includes a discussion of those responses and the possible implications and trends they appear to reflect.

Question #1

DO YOU KNOW WHERE THE OFFICES OF THE BEAR RIVER
HEALTH DEPARTMENT ARE LOCATED? YES NO

Table 1-A shows that of the total sample of 150 subjects, 50.7 percent or seventy-six respondents indicated that they knew where the offices of the Bear River District Health Department were located, and 49.3 percent or seventy-four respondents indicated that they were not aware of where the offices were located. In Area I, the low income area, of the total sample of fifty, 58 percent or twenty-nine indicated that they knew where the Bear River District Health Department's

By looking at Table 1-B, it can be seen that there were fifty-nine respondents who had obtained a high school degree or less, and of these, 44.1 percent or twenty-six said that they knew where the offices of the Bear River District Health Department were located, and 55.9 percent or thirty-three said that they did not. Of the fifty-seven respondents who had obtained a bachelor's degree or less, 52.6 percent or thirty indicated that they did know where the Bear River District Health Department's offices were located, and 47.4 percent or twenty-seven indicated that they did not know where the offices were located. There were thirty-four respondents who had obtained a graduate degree or less, and of these, 58.8 percent or twenty answered, "yes," they knew where the offices of the Bear River District Health Department were located, and 41.2 percent or fourteen said they did not know where the offices were located. No statistical significance was demonstrated. Thus approximately 50 percent of the survey population were aware of the location of the Bear River District Health Department.

TABLE 1-B

KNOWLEDGE OF LOCATION OF OFFICES BY EDUCATION

EDUCAT	COUNT		YES		NO		ROW TOTAL
	ROW #	COL #	1	2	1	2	
	COL #	1	1	2	1	2	
	TOT #	1	1	2	1	2	
HS	1	1	26	1	33	1	59
		1	44.1	1	55.9	1	49.3
		1	34.2	1	44.8	1	
		1	17.3	1	22.0	1	
BS	2	1	30	1	27	1	57
		1	52.6	1	47.4	1	46.0
		1	39.5	1	36.4	1	
		1	20.0	1	18.0	1	
GD	3	1	20	1	14	1	34
		1	58.8	1	41.2	1	22.7
		1	26.3	1	18.9	1	
		1	13.3	1	9.3	1	
COLUMN TOTAL			76		74		150
			50.7		49.3		100.0

SIGNIFICANCE = 0.3641

Of the total sample, sixty-seven respondents were men and eighty-three were women. Table 1-C shows that among the men, 46.3 percent or thirty-one indicated that they knew where the offices of the Bear River District Health Department were located, and 53.7 percent or thirty-six indicated that they did not know where the offices were located. Among the women, 54.2 percent or forty-five said that they did know where the offices of the Health Department were located, and 45.8 percent or thirty-eight indicated that they did not know where the offices were located. No statistical significance was

demonstrated. Although a larger percentage of women than men were aware of the location of the offices, the difference between the two groups was not statistically significant.

TABLE 1-C
KNOWLEDGE OF LOCATION OF OFFICES BY SEX

SEX	COUNT		I		NO		ROW TOTAL
	ROW #	COL #	YFS				
	TOT #		1	1	2		
MALE	1	1	31	1	36	1	67
		1	46.3	1	53.7	1	44.7
		1	40.8	1	48.8	1	
		1	20.7	1	24.0	1	
FFEMALE	2	1	45	1	38	1	83
		1	54.2	1	45.8	1	55.3
		1	59.2	1	51.8	1	
		1	30.0	1	25.3	1	
COLUMN TOTAL			76		74		150
TOTAL			50.7		49.3		100.0

SIGNIFICANCE = 0.4216

Question #2

HAVE YOU EVER USED ANY OF THE SERVICES OFFERED BY
THE BEAR RIVER HEALTH DEPARTMENT? YES NO

Table 2-A shows that of the total sample of 150 subjects, 35.3 percent or fifty-three indicated that they had at some time used some of the services offered by the Bear River District Health Department, 64.7 percent or ninety-seven indicated that they had not used any of the services offered by the Bear River District Health Department. In Area I, the low income

area, 40 percent or twenty indicated that they had at some time used some of the services offered by the Bear River District Health Department, and 60 percent or thirty respondents indicated that they had not used any of the services offered by the Bear River District Health Department. In Area II, the middle income area, 32 percent or sixteen respondents answered that they had used some of the services offered by the Bear River District Health Department, and 68 percent or thirty-two respondents answered that they had not used any of the services offered by the Bear River District Health Department. In Area III, the high income area, 34 percent or seventeen respondents indicated that they had used some of the services offered by the Bear River Health Department and 66 percent or thirty-three respondents indicated that they had not used any of the services offered by the Bear River District Health Department. No statistical significance was demonstrated. It is interesting to note that approximately one-third of the respondents had used the services of the Bear River District Health Department and a higher percentage of those in the lower income group than in the other two groups reported such use. The differences among the groups, however, were not statistically significant.

TABLE 2-A

USE OF SERVICES BY INCOME

AREA	COUNT		I		NO		ROW TOTAL
	ROW %	IYFS					
	COL %	I					
	TOT %	I	1	I	2	I	
XXX	1	I	20	I	30	I	50
		I	40.0	I	60.0	I	33.3
		I	37.7	I	30.9	I	
		I	13.3	I	20.0	I	
YYY	2	I	15	I	34	I	50
		I	32.0	I	68.0	I	33.3
		I	30.2	I	35.1	I	
		I	10.7	I	22.7	I	
ZZZ	3	I	17	I	33	I	50
		I	34.0	I	66.0	I	33.3
		I	32.1	I	34.0	I	
		I	11.3	I	22.0	I	
COLUMN TOTAL			53		97		150
			35.3		64.7		100.0

SIGNIFICANCE = 0.68#3

The data in Table 2-B shows that of those respondents with a high school education or less, 35.6 percent or twenty-one indicated that they had at some time used some of the services offered by the Bear River District Health Department and 64.4 percent or thirty-eight indicated that they had not used any of the services offered by the Bear River Health Department. Of the respondents with a bachelor's degree or less, 40.4 percent or twenty-three respondents answered that they had at some time used some of the services offered by the Health Department and 59.6 percent or thirty-four indicated that they had not used any of the services offered by the Bear River Health

Department. Of the respondents with a graduate degree or less, 26.5 percent or nine indicated that they had used some of the services offered by the Health Department and 73.5 percent or twenty-five indicated that they had not used any of the services offered by the Bear River District Health Department. No statistical significance was demonstrated.

TABLE 2-B
USE OF SERVICES BY EDUCATION

EDUCAT	COUNT		I		NO		ROW TOTAL
	ROW #		IYFS				
	COL #		I				
	TOT #		I	1	I	2	
HS	1	I	21	I	38	I	59
		I	35.6	I	64.4	I	34.3
		I	39.6	I	39.2	I	
		I	14.0	I	25.3	I	
			I		I		I
BS	2	I	23	I	34	I	57
		I	40.4	I	59.6	I	38.0
		I	43.4	I	35.1	I	
		I	15.3	I	22.7	I	
			I		I		I
GD	3	I	9	I	25	I	34
		I	26.5	I	73.5	I	22.7
		I	17.0	I	25.8	I	
		I	6.0	I	16.7	I	
			I		I		I
COLUMN			53		97		150
TOTAL			35.3		64.7		100.0

SIGNIFICANCE = 0.4069

Table 2-C shows that of the sixty-seven men in the sample, 29.9 percent or twenty-one indicated that they had used some of the services offered by the Health Department and 70.1 percent or forty-seven indicated that they had not used any of the services offered by the Bear River District Health Department.

Of the eighty-three women in the sample, 39.8 percent or thirty-three indicated that they had used some of the services offered by the Health Department and 60.2 percent or fifty indicated that they had not used any of the services offered by the Bear River District Health Department. No statistical significance was demonstrated.

TABLE 2-C
USE OF SERVICES BY SEX

SEX	COUNT		I		I		ROW TOTAL
	ROW %	I	YFS		NO		
	COL %	I					
	TOT %	I		1	I	2	
MALE	1	I	20	I	47	I	67
		I	29.9	I	70.1	I	44.7
		I	37.7	I	48.5	I	
		I	13.3	I	31.3	I	
FEMALE	2	I	33	I	50	I	83
		I	39.8	I	60.2	I	55.3
		I	62.3	I	51.5	I	
		I	22.0	I	33.1	I	
COLUMN TOTAL			53		97		150
			35.3		64.7		100.0

SIGNIFICANCE = 0.2756

Question #3

IF YOU HAVE USED ANY OF THE SERVICES OFFERED BY THE BEAR RIVER HEALTH DEPARTMENT, HOW DID YOU LEARN OF THESE SERVICES?

- | | |
|----------------|---------------|
| (A) TELEVISION | (C) NEWSPAPER |
| (B) RADIO | (D) OTHER |

Of the total sample of 150 respondents, fifty-three had answered "yes," they had used services offered by

the Bear River District Health Department, and thus responded to question #3. Table 3-A shows that of the total responses 52.8 percent or twenty-eight respondents indicated that they had learned of the services through the newspaper and 47.2 percent or twenty-five respondents answered, "other." None of the respondents indicated that they had learned of the services through the radio or television.

Table 3-A also shows that of the twenty responses in Area I, 60 percent or twelve respondents had learned of the services through the newspaper, and 40 percent or eight of the respondents had learned of the services through other means. Of the sixteen respondents in Area II, 62.5 percent or ten had learned of the services through the newspaper and 37.5 percent or six had learned of the services through other means. Of the seventeen respondents in Area III, 35.3 percent or six had learned of the services through the newspaper and 64.7 percent or eleven had learned of the services through other means. No statistical significance was demonstrated.

TABLE 3-A

SOURCE OF KNOWLEDGE OF SERVICES BY INCOME

AREA	COUNT				ROW TOTAL
	ROW #	INF	NSP	OTHR	
	COL #	IR			
	TOT %	1	3	4	
XXX	1	1	12	8	20
		60.0	40.0		37.7
		42.9	32.0		
		22.6	15.1		
YYY	2	1	10	6	16
		62.5	37.5		30.2
		35.7	24.0		
		18.9	11.3		
ZZZ	3	1	6	11	17
		35.3	64.7		32.1
		21.4	44.0		
		11.3	20.8		
COLUMN		28	25		53
TOTAL		52.8	47.2		100.0

SIGNIFICANCE = 0.2111

Table 3-B shows that of the twenty-one respondents with a high school education or less, 57.1 percent or twelve had learned of the services through the newspaper and 42.9 percent or nine had learned of the services through other means. Of the twenty-three respondents with a bachelor's degree or less, 47.8 percent or eleven answered that they had learned of the services through the newspaper and 52.2 percent or twelve indicated that they had learned of the services through other means. Of the nine respondents with a graduate degree or less, 55.6 percent or five had learned of the services through the newspaper and 44.4 percent or four had learned of the services through other means. No statistical significance was demonstrated.

TABLE 3-B

SOURCE OF KNOWLEDGE OF SERVICES BY EDUCATION

EDUCAT	COUNT				ROW TOTAL
	ROW %	INF	NEWS	OTHER	
	COL %	1	2	3	
	TOT %	1	2	3	
HS	1	1	12	9	21
		47.1	42.9	19.6	
		42.9	36.0		
		22.6	17.0		
BS	2	1	11	12	23
		47.8	52.2	43.4	
		39.3	48.0		
		20.8	22.6		
GD	3	1	5	4	9
		55.6	44.4	17.0	
		17.9	16.0		
		9.4	7.5		
COLUMN		28	25	53	
TOTAL		52.8	47.2	100.0	

SIGNIFICANCE = .0.8127

Table 3-C shows that of the twenty male respondents, 55 percent or eleven had learned of the services through the newspaper and 45 percent or nine had learned of the services through other means. Of the thirty-three female respondents, 51.5 percent or seventeen had learned of the services through the newspaper and 48.5 percent or sixteen had learned of the services through other means. No statistical significance was demonstrated.

TABLE 3-C

KNOWLEDGE OF SERVICES BY SEX

SEX	COUNT	ROW %	COL %	TOT %	I	INF	WSP	PAPE	OTHR	I	ROW TOTAL
MALE	1	I	I	I	I	3	I	I	4	I	
		I	I	I	I	11	I	I	9	I	20
		I	I	I	I	55.0	I	I	45.0	I	37.7
		I	I	I	I	39.3	I	I	36.0	I	
FFMALE	2	I	I	I	I	20.8	I	I	17.0	I	
		I	I	I	I	17	I	I	16	I	33
		I	I	I	I	51.5	I	I	48.5	I	42.3
		I	I	I	I	60.7	I	I	64.0	I	
COLUMN TOTAL						28			25		53
TOTAL						52.8			47.2		100.0

SIGNIFICANCE = 0.9701

Question #4

IF YOU HAVE NOT USED ANY OF THE SERVICES OFFERED
BY THE BEAR RIVER DISTRICT HEALTH DEPARTMENT, WHY NOT?

- (A) YOU HAVE NOT NEEDED THEM
- (B) YOU ARE NOT AWARE THEY WERE AVAILABLE
- (C) YOU ALWAYS USE A FAMILY PHYSICIAN
- (D) OTHER

Of the total sample of 150 subjects, ninety-three responded to this question. Table 4-A shows that of the total responses 37.1 percent or thirty-six of the respondents have not used the services at the Bear River Health Department because they had not needed them, 24.7 percent or twenty-four respondents have not used the services because they were not aware they were available, 36.1 percent or thirty-five

of the respondents had not used the services because they always used the services of a family physician, and 2.1 percent or two answered, "other."

Table 4-A also shows that in Area I, 50 percent or fifteen of the respondents had not used the services offered by the Bear River Health Department because they had not needed them, 20 percent or six of the respondents had not used the services because they were not aware they were available, 26.7 percent or eight of the respondents had not used the services because they always used the services of a family physician, and 3.3 percent or one did not use the services for other reasons. In Area II, 29.4 percent or ten of the respondents answered that they had not used the services because they had not needed them, 29.4 percent or ten of the respondents were not aware that the services were available, 38.2 percent or thirteen of the respondents did not use the services because they used the services of a family physician, and 2.9 percent or one answered, "other." In Area III, 33.3 percent or eleven of the respondents had not used the services because they had not needed any of the services offered by the Bear River Health Department, 24.2 percent or eight of the respondents indicated that they were not aware that any of the services were available, 42.4 percent or fourteen indicated

that they always used the services of a family physician, and none answered, "other." No statistical significance was demonstrated.

TABLE 4-A
FAILURE TO USE SERVICES BY INCOME

		COUNT									
		ROW	COL	TOT	1	2	3	4	5	ROW	TOTAL
		1A	I	I	B	C	D				
ARFA											
XXX		1	1	15	1	1	1	1	1	1	30
			1	50.0	1	20.0	1	8	1	1	30.9
			1	41.7	1	25.0	1	26.7	1	3.3	
			1	15.5	1	6.2	1	8.2	1	50.0	
YYY		2	1	10	1	10	1	13	1	1.0	34
			1	29.4	1	29.4	1	38.2	1	1	35.1
			1	27.8	1	41.7	1	37.1	1	2.9	
			1	10.3	1	10.3	1	13.4	1	50.0	
ZZZ		3	1	11	1	8	1	14	1	1.0	93
			1	33.3	1	24.2	1	42.4	1	0	34.0
			1	30.6	1	33.3	1	40.0	1	0.0	
			1	11.3	1	8.2	1	14.4	1	0.0	
COLUMN		TOTAL		36		24		35		2	97
				37.1		24.7		36.1		2.1	100.0

Of the thirty-eight respondents with a high school degree or less, Table 4-B shows that 47.4 percent or eighteen had not used the services of the Health Department because they had not needed them, 31.6 percent or twelve of the respondents had not used the services of the Health Department because they were not aware they were available, 18.4 percent or seven of the respondents indicated that they had not used any of the services at the Health Department because they always used a family physician, and 2.6

percent or one of the respondents answered, "other." Of the thirty-four respondents with a bachelor's degree or less, 38.2 percent or thirteen had not used the services of the Health Department because they were not aware they were available, 38.2 percent or thirteen of the respondents had not used the services at the Health Department because they always used the services of a family physician, and 2.9 percent or one of the respondents answered, "other." Of the twenty-five respondents with a graduate degree or less, 20 percent or five indicated that they had not used any of the services offered by the Bear River Health Department because they had not needed them, 20 percent or five indicated that they had not used any of the services offered because they were not aware they were available, 60 percent or fifteen indicated that they had not used any of the services offered because they always used a family physician, and none of the respondents answered, "other." These data were significant at the .05 level.

TABLE 4-B

FAILURE TO USE SERVICES BY EDUCATION

EDUCAT	COUNT					ROW TOTAL
	1	2	3	4		
	1	2	3	4		
	1	2	3	4		
HS	1	18	12	7	1	38
		47.4	31.6	18.4	2.6	39.2
		50.0	50.0	20.0	50.0	
		18.6	12.4	7.2	1.0	
BS	2	13	7	13	1	34
		38.2	20.6	38.2	2.9	35.1
		36.1	29.2	37.1	50.0	
		13.4	7.2	13.4	1.0	
GD	3	5	5	15	0	25
		20.0	20.0	60.0	0.0	25.8
		11.9	11.9	42.9	0.0	
		5.2	5.2	15.5	0.0	
COLUMN TOTAL		36	24	35	2	97
		37.1	24.7	36.1	2.1	100.0

SIGNIFICANCE = 0.0569

Forty-seven men responded to question #4, and Table 4-C shows that 44.7 percent or twenty-one indicated that they had not used any of the services at the Bear River Health Department because they had not needed them, 21.3 percent or ten answered that they had not used any of the services because they were not aware they were available, 34 percent or sixteen indicated that they always used the services of a family physician, and none of the men answered, "other." Fifty women responded to question #4, of these, 30 percent or fifteen indicated that they had not used any of the services at the Bear River Health

Department because they had not needed them, 28 percent or fourteen said that they had not used any of the services because they were not aware they were available, 38 percent or nineteen indicated that they had not used any of the services because they always used the services of a family physician, and 4 percent or two of the women answered, "other." No statistical significance was demonstrated.

TABLE 4-C

FAILURE TO USE SERVICES BY SEX									
SEX	COUNT								
	ROW %	1A	R	C	D				ROW TOTAL
	COL %	I	I	I	I	I	I	I	I
	TOT %	I	1	I	2	I	3	I	4
MALE	1	I	21	I	10	I	16	I	0
	I	44.7	I	21.3	I	14.0	I	0.0	I
	I	58.3	I	41.7	I	45.7	I	0.0	I
	I	21.6	I	10.3	I	16.5	I	0.0	I
FEMALE	2	I	15	I	14	I	19	I	2
	I	30.0	I	28.0	I	38.0	I	4.0	I
	I	41.7	I	58.3	I	54.3	I	100.0	I
	I	15.5	I	14.4	I	19.6	I	2.1	I
COLUMN		16		24		35		2	
TOTAL		37.1		24.7		16.1		2.1	

SIGNIFICANCE = 0.2799

Question #5

HAVE YOU EVER SOUGHT SERVICES AT THE BEAR RIVER
HEALTH DEPARTMENT AND FOUND THEM UNAVAILABLE?

___ YES ___ NO ___ NO RESPONSE

Table 5-A shows that of the total sample of 150 subjects, 1.3 percent or two of the respondents had

sought services at the Health Department and found them unavailable, 96 percent or 144 answered that they had never sought services at the Health Department and found them unavailable, 2.7 percent or four had no response. Of the fifty respondents in Area I, 2 percent or one indicated that they had at some time sought services at the Bear River Health Department and found them unavailable, 98 percent or forty-nine indicated that they had never found services at the Health Department unavailable. Of the fifty respondents in Area II, 2 percent or one indicated that they had sought services at the Health Department and found them unavailable, and 98 percent or forty-nine answered that they had not found services at the Health Department unavailable. Of the fifty respondents in Area III, none answered that they had found services unavailable, 92 percent or forty-six indicated that they had never sought services at the Health Department and found them unavailable, and 8 percent or four answered, "no response." These data were found to be significant at the .05 level.

TABLE 5-A

AVAILABILITY OF SERVICES SOUGHT AND INCOME

AREA	COUNT		I		NO		NO RESPO		ROW TOTAL
	ROW #	IYFS							
	COL #	I					NSF		
	TOT #	1	1	I	2	I	3	I	
XXX	1.	I	1	I	49	I	0	I	50
		I	2.0	I	98.0	I	0.0	I	33.3
		I	50.0	I	34.0	I	0.0	I	
		I	0.7	I	32.7	I	0.0	I	
YYY	2	I	1	I	49	I	0	I	50
		I	2.0	I	98.0	I	0.0	I	33.3
		I	50.0	I	34.0	I	0.0	I	
		I	0.7	I	32.7	I	0.0	I	
ZZZ	3	I	0	I	48	I	4	I	50
		I	0.0	I	92.0	I	8.0	I	33.3
		I	0.0	I	31.9	I	100.0	I	
		I	0.0	I	30.7	I	2.7	I	
COLUMN TOTAL		2	144		4		150		
TOTAL		1.3	96.0		2.7		100.0		

SIGNIFICANCE = 0.05#0

Table 5-B shows that of the fifty-nine respondents with a high school degree or less, 1.7 percent or one of them had sought services at the Health Department and found them unavailable, 91.5 percent or fifty-four had never sought services at the Health Department and found them unavailable, and 6.8 percent or four had no response. Of the fifty-seven respondents with a bachelor's degree or less, 1.8 percent or one indicated that they had at some time sought services at the Bear River Health Department and found them unavailable, 98.2 percent or fifty-six answered that they had never sought services at the Bear River

Health Department and found them unavailable. Of the thirty-four respondents with a graduate degree or less, none indicated that they had ever sought services at the Health Department and found them unavailable, and 100 percent answered that they had never sought services at the Bear River Health Department and found them unavailable. No statistical significance was demonstrated.

TABLE 5-B

AVAILABILITY OF SERVICES SOUGHT AND EDUCATION

EDUCAT	COUNT		I		NO		NO RESPN		ROW TOTAL
	ROW #	1	1	1	1	1	1	1	
	COL #	1	1	1	1	1	1	1	
	TOT #	1	1	1	1	1	1	1	
HS	1	1	1	1	4	1	4	1	59
	1	1.7	1	91.5	1	6.8	1	39.3	
	1	50.0	1	37.5	1	100.0	1		
	1	0.7	1	36.0	1	2.7	1		
BS	2	1	1	4	1	0	1	57	
	1	1.8	1	98.2	1	0.0	1	38.0	
	1	50.0	1	38.9	1	0.0	1		
	1	0.7	1	37.3	1	0.0	1		
GN	3	0	1	4	1	0	1	34	
	1	0.0	1	100.0	1	0.0	1	22.7	
	1	0.0	1	23.6	1	0.0	1		
	1	0.0	1	22.7	1	0.0	1		
COLUMN		2	144	4	150				
TOTAL		1.3	96.0	2.7	100.0				

SIGNIFICANCE = 0.1977

The data in Table 5-C shows that of the sixty-seven male respondents, none of them had ever sought services at the Bear River Health Department and found them unavailable, 97 percent or sixty-five of the men had never sought services at the Health Department

and found them unavailable, 3 percent or two of the men answered, "no response." Of the eighty-three female respondents 2.4 percent or two indicated that they had at some time sought services at the Health Department and found them unavailable, 95.2 percent or seventy-nine indicated that they had never sought services at the Health Department and found them unavailable, 2.4 percent or two answered, "no response." No statistical significance was demonstrated.

TABLE 5-C

AVAILABILITY OF SERVICES SOUGHT AND SEX

	COUNT	I	IFVS	NO	NO RESPD	HOW
ROW #	1	2	3	4	5	TOTAL
COL #	1	2	3	4	5	
TOT #	1	2	3	4	5	
SFX	1	0	1	2	3	67
MALE	1	0.0	1	97.0	3.0	44.7
	1	0.0	1	45.1	50.0	
	1	0.0	1	43.3	1.3	
FFEMALE	2	2	79	2	83	
	1	2.4	95.2	2.4	55.3	
	1	100.0	54.9	50.0		
	1	1.3	52.7	1.3		
COLUMN	2	144	4	150		
TOTAL	1.3	96.0	2.7	100.0		

SIGNIFICANCE = 0.4331

Question #6

IF YOU HAVE EVER SOUGHT SERVICES AT THE BEAR RIVER HEALTH DEPARTMENT AND FOUND THEM UNAVAILABLE, WHAT SERVICES WERE YOU SEEKING?

Only two of the 150 subjects responded to question number six. One was a woman in Area I, with an

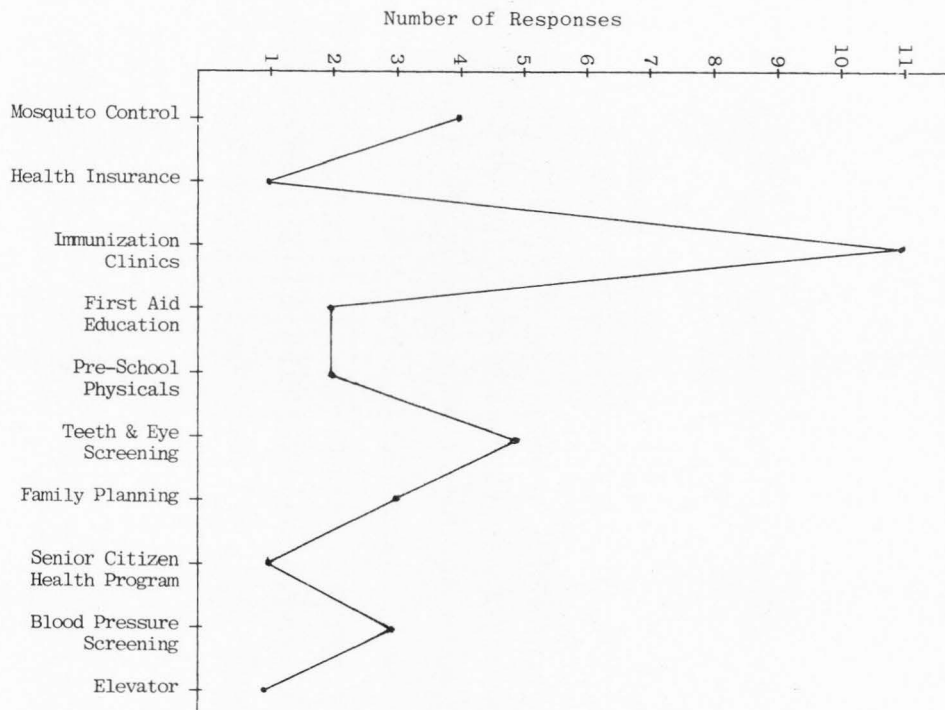
educational status of a high school degree or less, who refused to indicate what service she was seeking. The other was also a woman, in Area II with a bachelor's degree, who was seeking some senior citizen health program and found it unavailable. These data were not subjected to chi square analysis.

Question #7

WHAT SERVICES WOULD YOU LIKE TO SEE OFFERED BY THE BEAR RIVER HEALTH DEPARTMENT?

Of the 150 subjects, only thirty-three responded to this question. Four of those who responded desired some type of mosquito control program, one desired a health insurance program, eleven desired more immunization clinics, two respondents desired a first aid education program, two respondents desired pre-school physical examination services, five respondents desired teeth and eye screening programs, three desired family planning programs, one desired a senior citizen health program, three respondents desired blood pressure screening clinics, and one respondent wanted the department to put in an elevator. These data are presented in Table 7 and were not subjected to chi square analysis.

Figure 1. Services Rendered



Question #8

WHICH OF THE FOLLOWING SERVICES WOULD YOU LIKE TO SEE OFFERED BY THE BEAR RIVER HEALTH DEPARTMENT?

(A) IMMUNIZATION CLINICS, (B) DRUG COUNSELING, (C) DRUG REHABILITATION PROGRAMS, (D) PRENATAL CARE COURSES, (E) WATER AND AIR QUALITY MANAGEMENT, (F) FOOD AND FOOD ESTABLISHMENT INSPECTION, (G) PROMOTION OF DAY-CARE CENTERS, (H) PROMOTION OF SENIOR CITIZEN CENTERS, (I) MEALS ON WHEELS FOR SENIOR CITIZENS, (J) BIRTH CONTROL COUNSELING, (K) COMMUNITY HEALTH EDUCATION PROGRAMS, (L) PROMOTION OF RECREATIONAL PROGRAMS, (M) ABORTION INFORMATION, (N) HYPERTENSION SCREENING CLINICS, (O) ELECTROCARDIOGRAM SCREENING FOR SCHOOL CHILDREN, (P) PROGRAMS FOR HEALTH PROBLEMS OF WOMEN, (Q) VENEREAL DISEASE SCREENING AND TREATMENT.

The data presented in Table 8 show that of the total sample of 150 subjects, 99.3 percent were in favor of the Bear River District Health Department offering immunization clinics, .7 percent were not in favor of such a service. Of the fifty subjects in Area I, 100 percent were in favor of immunization clinics. Of the fifty subjects in Area II, 98 percent were in favor of immunization clinics while 2 percent were not. In Area III, 100 percent of the fifty subjects were in favor of immunization clinics. No statistical significance was demonstrated.

TABLE 8

RESPONSE TO SUGGESTED SERVICES

Service	A R E A						E D U C A T I O N						S E X			
	I		II		III		H.S.		B.S.		Gd.		M		F	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
A	100%	0	98%	2%	100%	0	100 %	0	98.2%	1.8%	100 %	0	98.5%	1.5%	100 %	0
B	100%	0	96%	4%	100%	0	98.3%	1.7%	98.2%	1.8%	100 %	0	97 %	3 %	100 %	0
C	100%	0	92%	8%	98%	2%	94.9%	5.1%	96.5%	3.5%	100 %	0	94 %	6 %	98.8%	1.2%
D	94%	6%	84%	16%	96%	4%	91.5%	8.5%	93 %	7 %	88.2%	11.8%	89.6%	10.4%	92.8%	7.2%
E	96%	4%	76%	24%	84%	16%	84.7%	15.3%	84.2%	15.8%	88.2%	11.8%	83.6%	16.4%	86.7%	13.3%
F	100%	0	98%	2%	98%	2%	98.3%	1.7%	100 %	0	97.1%	2.9%	98.5%	1.5%	98.8%	1.2%
G	68%	32%	68%	32%	52%	48%	76.3%	23.7%	68.4%	31.6%	29.4%	70.6%	50.7%	49.3%	72.3%	27.7%
H	94%	6%	90%	10%	78%	22%	94.9%	5.1%	93 %	7 %	64.7%	35.3%	82.1%	17.9%	91.6%	8.4%
I	72%	28%	66%	34%	72%	28%	76.3%	23.7%	73.7%	26.3%	52.9%	47.1%	59.7%	40.3%	78.3%	21.7%
J	42%	58%	38%	62%	56%	44%	49.2%	50.8%	35.1%	64.9%	55.9%	44.1%	58.2%	41.8%	34.9%	65.1%
K	100%	0	96%	4%	96%	4%	96.6%	3.4%	96.5%	3.5%	100 %	0	97 %	3 %	97.6%	2.4%
L	80%	20%	58%	42%	50%	50%	76.3%	23.7%	68.4%	31.6%	29.4%	70.6%	56.7%	43.3%	67.5%	32.5%
M	32%	68%	28%	72%	32%	68%	40.7%	59.3%	19.3%	80.7%	32.4%	67.6%	37.3%	62.7%	25.3%	74.7%
N	98%	2%	90%	10%	86%	14%	93.2%	6.8%	93 %	7 %	85.3%	14.7%	92.5%	7.5%	90.4%	9.6%
O	94%	6%	82%	18%	74%	26%	88.1%	11.9%	87.7%	12.3%	67.6%	32.4%	79.1%	20.9%	86.7%	13.3%
P	98%	2%	78%	22%	98%	2%	88.1%	11.9%	91.2%	8.8%	97.1%	2.9%	92.5%	7.5%	90.4%	9.6%
Q	100%	0	94%	6%	98%	2%	94.9%	5.1%	98.2%	1.8%	100 %	0	97 %	3 %	97.6%	2.4%

Of the fifty-nine subjects with a high school degree or less, 100 percent were in favor of immunization clinics. Of the fifty-seven subjects with a bachelor's degree or less, 98.2 percent were in favor of such clinics while 1.8 percent were not in favor of immunization clinics. Of the thirty-four respondents with a graduate degree or less, 100 percent were in favor of immunization clinics. No statistical significance was demonstrated.

Of the sixty-seven men who responded to the questionnaire, 98.5 percent were in favor of immunization clinics while 1.5 percent were not in favor of immunization clinics. Of the eighty-three women who responded, 100 percent were in favor of such clinics. No statistical significance was demonstrated.

The data in Table 8 show that of the 150 respondents, 98.7 percent were in favor of the Bear River Health Department offering some sort of drug counseling service, while 1.3 percent did not feel that the department should offer such a service. Of the fifty respondents in Area I, 100 percent felt that the Health Department should offer a drug counseling service, 96 percent of the fifty respondents in Area II felt that the Health Department should offer drug counseling service, while 4 percent did not feel the Health Department should offer a drug counseling service.

In Area III, 100 percent of the fifty respondents felt that the Health Department should offer a drug counseling service. No statistical significance was demonstrated.

Of the fifty-nine respondents with a high school degree or less, 98.3 percent felt that the Health Department should offer a drug counseling service, while 1.7 percent did not feel the Health Department should offer a drug counseling service. Of the fifty-seven respondents with a bachelor's degree or less, 98.2 percent felt the Health Department should offer a drug counseling service while 1.8 percent did not feel that such a service should be offered, and of the thirty-four respondents with a graduate degree or less, 100 percent felt the Health Department should offer a drug counseling service. No statistical significance was demonstrated.

Of the sixty-seven men who responded to the questionnaire, 97 percent felt the Health Department should offer a drug counseling service, while 3 percent did not feel that the Health Department should offer such a service. Of the eighty-three women who responded to the questionnaire, 100 percent felt the Health Department should offer a drug counseling service. No statistical significance was demonstrated.

The data in Table 8 show that of the total sample, 96.7 percent felt that the Health Department

should offer some sort of drug rehabilitation program, while 3.3 percent did not feel such a program should be offered. Of the fifty respondents in Area I, 100 percent felt the Health Department should offer drug rehabilitation programs. Of the fifty respondents in Area II, 92 percent felt that the Health Department should offer drug rehabilitation programs, while 8 percent did not feel such a program should be offered. Of the fifty respondents in Area III, 98 percent felt the Health Department should offer drug rehabilitation programs and 2 percent did not feel such a program should be offered. These data approached significance at the .06 level.

Of the fifty-nine respondents with a high school degree or less, 94.9 percent felt the Health Department should offer a drug rehabilitation program, while 5.1 percent did not feel such a program should be offered. Of the fifty-seven respondents with a bachelor's degree or less, 96.5 percent felt the Health Department should offer drug rehabilitation programs, while 3.5 percent did not feel such a program should be offered, and of the thirty-four respondents with a graduate degree or less, 100 percent felt the Health Department should offer drug rehabilitation programs. No statistical significance was demonstrated.

Of the sixty-seven male respondents, 94 percent felt the Health Department should offer drug rehabilitation programs, while 6 percent did not feel such a program should be offered; and of the eighty-three female respondents to the questionnaire, 98.8 percent believed the Health Department should offer drug rehabilitation programs, while 1.2 percent did not feel such a program should be offered. No statistical significance was demonstrated.

As to whether the Bear River Health Department should offer pre-natal care courses or not, the data in Table 8 show that 91.3 percent of the total sample answered, "yes", pre-natal courses should be offered; and 8.7 percent of the total sample answered, "no", pre-natal courses should not be offered. Within Area I, 94 percent of the fifty respondents indicated that the Health Department should offer pre-natal care courses, while 6 percent did not feel pre-natal courses should be offered. In Area III, 96 percent of the fifty respondents indicated that the Health Department should offer pre-natal care courses and 4 percent indicated that they should not offer pre-natal care courses. These data approached significance at the .07 percent level.

Of those respondents with a high school degree or less, 91.5 percent of the fifty-nine respondents indicated that the Health Department should offer pre-natal care courses, while 8.5 percent said that they should not

offer pre-natal care courses. Of the respondents with a bachelor's degree or less, 93 percent of the fifty-seven respondents said the Health Department should offer pre-natal care courses, while 7 percent indicated that they should not offer pre-natal care courses. Of the thirty-four respondents with a graduate degree or less, 88.2 percent indicated the Health Department should offer pre-natal care courses and 11.8 percent indicated that they should not offer pre-natal care courses. No statistical significance was demonstrated.

Of the sixty-seven male respondents, 89.6 percent indicated the Health Department should offer pre-natal care courses and 10.4 percent indicated they should not offer pre-natal care courses. Of the eighty-three female respondents, 92.8 percent indicated the Health Department should offer pre-natal care courses, while 7.2 percent indicated that they should not offer pre-natal care courses. No statistical significance was demonstrated.

When asked whether the Bear River Health Department should offer water and air quality management, the data in Table 8 show that 85.3 percent of the total sample indicated that the Health Department should offer such a service, while 14.7 percent indicated that they should not offer such a service. In Area I, 96 percent of the respondents said the Health Department should offer water and air quality management, while 4 percent said that

they should not offer water and air quality management. In Area II, 76 percent indicated the Health Department should offer water and air quality management and 24 percent indicated that they should not offer water and air quality management. In Area III, 84 percent of the respondents indicated that the Health Department should offer water and air quality management, while 16 percent indicated that they should not offer water and air quality management. These data were found to be significant at the .01 percent level.

Of the respondents with a high school degree or less, 84.7 percent indicated the Health Department should offer water and air quality management, while 15.3 percent indicated that they should not offer water and air quality management. Of the respondents with a bachelor's degree or less, 84.2 percent indicated the Health Department should offer water and air quality management, while 15.8 percent indicated that they should not offer water and air quality management. Of the respondents with a graduate degree or less, 88.2 percent indicated that the Health Department should offer water and air quality management, while 11.8 percent indicated that they should not offer water and air quality management. No statistical significance was demonstrated.

Of the sixty-seven males in the sample, 83.6 percent were in favor of the Health Department offering water and air quality management, while 16.4 percent were not in

favor of the Health Department offering water and air quality management. Of the eighty-three females in the sample, 86.7 percent were in favor of such a service, while 13.3 percent were not in favor of such a service. No statistical significance was demonstrated.

Of the total sample of 150 subjects, the data in Table 8 show that 98.7 percent felt the Health Department should be involved in food and food establishment inspection, while 1.3 percent felt the Health Department should not be involved in such a service. In Area I, 100 percent of the fifty respondents felt the Health Department should be involved in food and food establishment inspection. In Area II, 98 percent of the fifty respondents agreed that the Health Department should be involved in food and food establishment inspection, while 2 percent did not agree the Health Department should be involved in such inspection. In Area III, 98 percent of the fifty respondents were in favor of the Health Department being involved in food and food establishment inspection, while 2 percent were not in favor of such inspection. No statistical significance was demonstrated.

Of the fifty-nine respondents with a high school degree or less, 98.3 percent agreed that the Health Department should be involved in food and food establishment inspection, while 1.7 percent did not agree that the Health Department should be involved in such

inspections. Of the fifty-seven respondents with a bachelor's degree or less, 100 percent felt that the Health Department should be involved in food and food establishment inspection. Of the thirty-four respondents with a graduate degree or less, 97.1 percent indicated that the Health Department should be involved in food and food establishment inspection, while 2.9 percent indicated that the Department should not be involved in such a service. No statistical significance was demonstrated.

Of the sixty-seven male respondents, 98.5 percent indicated the Health Department should be involved in food and food establishment inspection, while 1.4 percent indicated that the Department should not be involved in such a service; and of the eighty-three female respondents, 98.8 percent indicated the Health Department should be involved in such a service, while 1.2 percent indicated that they should not be involved in such a service. No statistical significance was demonstrated.

When asked if the Bear River Health Department should promote Day-Care Centers in the area, 62.7 percent of the total sample answered, "yes", they should promote Day-Care Centers, and 37.3 percent of the total sample answered, "no", they should not promote Day-Care Centers. In Area I, 68 percent of the fifty respondents indicated the Health Department should promote Day-Care Centers, while 32 percent indicated that the Health Department

should not promote Day-Care Centers. In Area II, 68 percent of the fifty respondents indicated the Health Department should promote Day-Care Centers, while 32 percent indicated that the Health Department should not promote Day-Care Centers. In Area III, 52 percent of the fifty respondents indicated the Health Department should promote Day-Care Centers, while 48 percent indicated that the Health Department should not promote Day-Care Centers. No statistical significance was demonstrated.

Of the fifty-nine respondents with a high school degree or less, 76.3 percent felt the Health Department should promote Day-Care Centers, while 23.7 percent felt the Department should not promote Day-Care Centers. Of the fifty-seven respondents with a bachelor's degree or less, 68.4 percent felt the Health Department should promote Day-Care Centers, and 31.6 percent felt the Department should not promote Day-Care Centers. Of the thirty-four respondents with a graduate degree or less, 29.4 percent indicated that the Health Department should promote Day-Care Centers, and 70.6 percent indicated that the Department should not promote Day-Care Centers. These data were found to be significant at the .01 percent level.

Of the sixty-seven males in the sample, 50.7 percent indicated that the Health Department should promote

Day-Care Centers, while 49.3 percent indicated that the Department should not promote Day-Care Centers; and of the eighty-three females in the sample, 72.3 percent indicated the Health Department should promote Day-Care Centers and 27.7 percent indicated that the Health Department should not promote Day-Care Centers. These data were found to be significant at the .01 percent level.

The data in Table 8 show that when asked if the Bear River Health Department should promote senior citizen centers or not, 87.3 percent of the total sample indicated that the Health Department should promote senior citizen centers, while 12.7 percent of the total sample indicated that the Health Department should not promote senior citizen centers. In Area I, the low income area, 94 percent of the fifty respondents agreed that the Health Department should promote senior citizen centers, while 6 percent disagreed that the Health Department should promote senior citizen centers. In Area II, the middle income area, 90 percent of the fifty respondents agreed that the Health Department should promote senior citizen centers, while 10 percent disagreed that the Health Department should promote senior citizen centers. In Area III, the high income area, 78 percent of the fifty respondents agreed that the Health Department should promote senior citizen centers, and 22 percent

disagreed that the Health Department should promote senior citizen centers. These data were found to be significant at the .05 percent level.

Of the fifty-nine respondents with a high school degree or less, 94.9 percent agreed that the Health Department should promote senior citizen centers, and 5.1 percent disagreed that the Health Department should promote senior citizen centers. Of the fifty-seven respondents with a bachelor's degree or less, 93 percent agreed that the Health Department should promote senior citizen centers, while 7 percent disagreed that the Health Department should promote senior citizen centers. Of the thirty-four respondents with a graduate degree or less, 64.7 percent agreed that the Health Department should promote senior citizen centers and 35.3 percent disagreed that the Health Department should promote senior citizen centers. These data were found to be significant at the .01 percent level.

Of the sixty-seven male respondents, 82.1 percent agreed that the Health Department should promote senior citizen centers, while 17.9 percent disagreed that the Health Department should promote senior citizen centers. Of the eighty-three female respondents, 91.6 percent agreed that the Health Department should promote senior citizen centers, and 8.4 disagreed that the Health Department should promote senior citizen centers. No statistical significance was demonstrated.

Meals on wheels is a program in which a hot meal is delivered once a day to senior citizens who are otherwise unable to prepare meals. The data in Table 8 show that when asked if the Health Department should sponsor meals on wheels for senior citizens in the Bear River District, 70 percent of the total sample agreed that the Health Department should offer such a service, while 30 percent disagreed that the Health Department should offer such service. In Area I, 72 percent of the fifty respondents were in favor of such a program, while 28 percent were not in favor of such a program. In Area II, 66 percent of the fifty respondents agreed that the Health Department should offer meals on wheels, while 34 percent disagreed that the Health Department should offer meals on wheels. In Area III, 72 percent of the fifty respondents felt that the Health Department should offer meals on wheels, while 28 percent felt that the Health Department should not offer meals on wheels. No statistical significance was demonstrated.

Of the fifty-nine respondents with a high school degree or less, 76.3 percent felt the Health Department should offer meals on wheels, while 23.7 percent felt that the Health Department should not offer meals on wheels. Of the fifty-seven respondents with a bachelor's degree or less, 73.7 percent agreed that the Health Department should offer meals on wheels, while 26.3 percent

disagreed that the Health Department should offer meals on wheels. Of the thirty-four respondents with a graduate degree or less, 52.9 percent felt that the Health Department should offer meals on wheels for senior citizens, while 47.1 percent did not feel that the Health Department should offer meals on wheels for senior citizens. These data were found to be significant at the .05 percent level.

When asked if the Health Department should offer meals on wheels for senior citizens in the Bear River District, 59.7 percent of the sixty-seven male respondents agreed that the Health Department should offer this service, while 40.3 percent disagreed that they should offer this service. Of the eighty-three females who responded to the question, 78.3 percent answered, "yes", that the Health Department should offer meals on wheels, while 21.7 percent answered, "no", the Health Department should not offer meals on wheels. These data were found to be significant at the .02 percent level.

The data in Table 8 show that of the total sample of 150 subjects, 45.3 percent felt that the Health Department should offer birth control counseling, while 54.7 percent felt that the Department should not offer birth control counseling. In Area I, 42 percent of the fifty respondents agreed that the Department should offer birth control counseling, while 58 percent disagreed that the Health Department should offer birth control counseling.

In Area II, 38 percent of the respondents were in favor of such a service, while 62 percent were not in favor of this service, and in Area III, 56 percent of the fifty respondents agreed that the Health Department should offer birth control counseling, while 44 percent disagreed that the Health Department should offer birth control counseling. No statistical significance was demonstrated.

A total of 49.2 percent of the fifty-nine respondents with a high school degree or less felt that the Health Department should offer birth control counseling and 50.8 percent felt the Health Department should not offer birth control counseling. Of the fifty-seven respondents with a bachelor's degree or less, 35.1 percent agreed that the Department should offer birth control counseling, while 64.9 percent disagreed that the Health Department should offer birth control counseling. Of the thirty-four respondents with a graduate degree or less, 55.9 percent were in favor of the Health Department offering birth control counseling and 44.1 percent were not in favor of the Department offering such a service. No statistical significance was demonstrated.

In comparing the male and female responses to this question, it was found that of the sixty-seven male respondents, 58.2 percent were in favor of birth

control counseling, while 41.8 percent were not in favor of birth control counseling, and of the eighty-three female respondents, 34.9 percent were in favor of the Health Department offering birth control counseling and 65.1 percent were not in favor of the Health Department offering this service. These data were found to be significant at the .01 percent level.

The data in Table 8 show that of the total sample of 150 subjects, 97.3 percent were in favor of the Health Department offering community health education programs, while 2.7 percent were not in favor of such a service. In Area I, 100 percent of the fifty respondents agreed that the Health Department should offer community health education programs. In Area II, 96 percent of the respondents felt that the Health Department should offer such services, while 4 percent felt that the Health Department should not offer such services. In Area III, 96 percent also felt that the Health Department should offer community health education programs, and 4 percent felt that they should not offer community health education programs. No statistical significance was demonstrated.

Of the fifty-nine respondents with a high school degree or less, 96.6 percent were in favor of the Health Department offering health education programs, while 3.4 percent were not in favor of the Health

Department offering health education programs. Of the fifty-seven respondents with a bachelor's degree or less, 96.5 percent agreed that the Health Department should offer health education programs and 3.5 percent disagreed that the Health Department should offer health education programs. Of the thirty-four respondents with a graduate degree or less, 100 percent agreed that the Health Department should offer health education programs. No statistical significance was demonstrated.

Of the sixty-seven male respondents, 97 percent felt that the Health Department should offer health education programs and 3 percent felt that they should not offer health education programs. Of the eighty-three female respondents, 97.6 percent agreed that the Health Department should offer health education programs and 2.4 percent disagreed that the Health Department should offer health education programs. No statistical significance was demonstrated.

The data in Table 8 show that when asked if the Health Department should offer recreational programs, 62.7 percent of the total sample answered, "yes," the Health Department should offer recreational programs and 37.3 percent of the total sample answered, "no," the Health Department should not offer recreational programs. Of the fifty respondents in Area I, 80 percent felt the Health Department should promote

recreational programs and 20 percent did not feel the Health Department should promote recreational programs. Of the fifty respondents in Area II, 58 percent felt that the Health Department should promote recreational programs, while 42 percent felt that they should not promote recreational programs. In Area III, 50 percent felt the Health Department should promote recreational programs and 50 percent disagreed that the Health Department should promote recreational programs. These data were found to be significant at the .01 level.

Of those respondents with a high school degree or less, 76.3 percent agreed that the Health Department should promote recreational programs and 23.7 percent disagreed that the Health Department should promote recreational programs. Of the respondents with a bachelor's degree or less, 68.4 percent agreed that the Health Department should promote recreational programs and 31.6 percent disagreed that the Health Department should promote recreational programs. Of the thirty-four respondents with a graduate degree or less, 29.4 percent agreed the Health Department should promote recreational programs and 70.6 percent disagreed that the Health Department should promote recreational programs. These data were found to be significant at the 0.1 percent level.

Of the sixty-seven male respondents in the sample, 56.7 percent agreed that the Health Department should

promote recreational programs and 43.3 percent disagreed that the Health Department should promote recreational programs. Of the eighty-three female respondents in the sample, 67.5 percent agreed that the Health Department should offer recreational programs and 32.5 percent disagreed that the Health Department should promote recreational programs. No statistical significance was demonstrated.

The data in Table 8 show that when asked if the Health Department should offer abortion information, 30.7 percent of the total sample answered, "yes," the Health Department should offer abortion information, and 69.3 percent of the total sample answered, "no," the Health Department should not offer abortion information. Of the fifty respondents in Area I, 32 percent were in favor of the Health Department giving out abortion information, while 68 percent were not in favor of such a service. In Area II, 28 percent of the fifty respondents agreed the Health Department should offer abortion information and 72 percent disagreed that the Health Department should offer abortion information. In Area III, 32 percent of the fifty respondents agreed that the Health Department should offer abortion information and 68 percent disagreed that the Health Department should offer abortion information. No statistical significance was demonstrated.

Of the fifty-nine respondents with a high school degree or less, 40.7 percent indicated that the Health Department should offer abortion information, while 59.3 percent indicated that they should not offer abortion information. Of the fifty-seven respondents with a bachelor's degree or less, 19.3 percent indicated the Health Department should offer abortion information and 80.7 percent indicated that they should not offer abortion information. Of the thirty-four respondents with a graduate degree or less, 32.4 percent agreed the Health Department should offer abortion information and 67.6 percent disagreed that the Health Department should offer abortion information. These data were found to be significant at the .05 percent level.

A total of 37.3 percent of the sixty-seven male respondents agreed that the Health Department should offer abortion information and 62.7 percent disagreed that the Health Department should offer abortion information. Of the eighty-three female respondents, 25.3 percent agreed the Health Department should offer abortion information and 74.7 percent disagreed that the Health Department should offer abortion information. No statistical significance was demonstrated.

The data in Table 8 show that when asked if the Health Department should offer hypertension screening clinics, 91.3 percent of the total sample answered,

"yes," they should offer hypertension screening clinics, and 8.7 percent of the total sample answered, "no," hypertension screening clinics should not be offered.

In Area I, 98 percent of the fifty respondents agreed the Health Department should offer hypertension screening clinics and 2 percent disagreed that the Health Department should offer hypertension screening clinics.

In Area II, 90 percent of the fifty respondents agreed the Health Department should offer hypertension screening clinics, and 10 percent disagreed that the Health Department should offer hypertension screening clinics. In Area III, 86 percent of the fifty respondents agreed that the Health Department should offer hypertension screening clinics, while 14 percent disagreed that the Health Department should offer hypertension screening clinics. No statistical significance was demonstrated.

Of the fifty-nine respondents with a high school degree or less, 93.2 percent were in favor of the Health Department offering hypertension screening clinics and 6.8 percent were not in favor of such a service. Of the fifty-seven respondents with a bachelor's degree or less, 93 percent agreed that the Health Department should offer hypertension screening clinics, while 7 percent disagreed that the Health Department should offer such a service. Of the thirty-four respondents with a graduate degree or less, 85.3 percent agreed

that the Health Department should offer hypertension screening clinics, and 14.7 percent disagreed that the Health Department should offer hypertension screening clinics. No statistical significance was demonstrated.

Of the sixty-seven male respondents in the sample, 92.5 percent agreed the Health Department should offer hypertension screening clinics and 7.5 percent disagreed that the Health Department should offer hypertension screening clinics. Of the eighty-three female respondents in the sample, 90.4 percent agreed that the Health Department should offer hypertension screening clinics and 9.6 percent disagreed that the Health Department should offer hypertension screening clinics. No statistical significance was demonstrated.

The data in Table 8 show that when asked if the Bear River Health Department should offer electrocardiograph screening for school children, 83.3 percent of the total sample of 150 subjects answered, "yes," such a service should be offered, and 16.7 percent of the total sample answered, "no," such a service should not be offered. In Area I, 94 percent of the fifty respondents agreed the Health Department should offer screening for school children and 6 percent disagreed that the Health Department should offer screening for school children. In Area II, 82 percent of the fifty

respondents agreed that the Health Department should offer EKG screening for school children and 18 percent disagreed that the Health Department should offer EKG screening for school children. In Area III, 74 percent of the fifty respondents agreed that the Health Department should offer EKG screening for school children and 26 percent disagreed that the Health Department should offer EKG screening for school children. These data were found to be significant at the .02 percent level.

Of the fifty-nine respondents with a high school degree or less, 88.1 percent agreed that the Health Department should offer EKG screening for school children and 11.9 percent disagreed that such a service should be offered. Of the fifty-seven respondents with a bachelor's degree or less, 87.7 percent agreed that the Health Department should offer EKG screening for school children and 12.3 percent disagreed that such a service should be offered. Of the thirty-four respondents with a graduate degree or less, 67.6 percent agreed that the Health Department should offer EKG screening for school children and 32.4 percent disagreed that such a service should be offered. These data were found to be significant at the .02 percent level.

A total of 79.1 percent of the sixty-seven male respondents in the sample agreed that the Health Department should offer EKG screening for school children and 20.9 percent disagreed that such a service should be offered. Of the eighty-three female respondents in the sample, 86.7 percent agreed that the Health Department should offer EKG screening for school children and 13.3 percent disagreed that such a service should be offered. No statistical significance was demonstrated.

The data in Table 8 show that when asked if the Bear River Health Department should offer programs for health problems of women, 91.3 percent of the total sample of 150 subjects answered, "yes," such programs should be offered and 8.7 percent of the total sample answered, "no," such programs should not be offered. In Area I, the low income area, 98 percent of the fifty respondents agreed that the Health Department should offer programs for health problems of women and 2 percent disagreed that such programs should be offered. In Area II, the middle income area, 78 percent of the fifty respondents agreed that the Health Department should offer programs for health problems of women and 22 percent disagreed that such programs should be offered. In Area III, the high income area, 98 percent of the fifty respondents agreed

that the Health Department should offer programs for health problems of women and 2 percent disagreed that such programs should be offered. These data were found to be significant at the .01 percent level.

Of the fifty-nine respondents with a high school degree or less, 88.1 percent were in favor of the Health Department offering programs for health problems of women and 11.9 percent were not in favor of such a service. Of the fifty-seven respondents with a bachelor's degree or less, 91.2 percent were in favor of the Health Department offering such a service and 8.8 percent were not in favor of such a service. Of the thirty-four respondents with a graduate degree or less, 97.1 percent agreed that the Health Department should offer programs for the health problems of women and 2.9 percent disagreed that such programs should be offered. No statistical significance was demonstrated.

A total of 92.5 percent of the sixty-seven men in the sample agreed that the Health Department should offer programs for health problems of women and 7.5 percent disagreed that such programs should be offered. Of the eighty-three women in the sample, 90.4 percent agreed that the Department should offer programs for health problems of women and 9.6 percent disagreed that such programs should be offered. No statistical significance was demonstrated.

The data in Table 8 show that when asked if the Bear River Health Department should offer venereal disease screening and treatment programs, 97.3 percent of the total sample of 150 subjects answered, "yes," such a service should be offered, and 2.7 percent of the total sample answered, "no," such a service should not be offered. A total of 100 percent of the fifty respondents in Area I agreed that the Health Department should offer venereal disease screening and treatment. In Area II, 94 percent of the fifty respondents agreed that the Health Department should offer such a service and 6 percent disagreed that such a service should be offered. In Area III, 98 percent of the fifty respondents felt that the Health Department should offer venereal disease screening and treatment and 2 percent felt that the Health Department should not offer such a service. No statistical significance was demonstrated.

Of the fifty-nine respondents with a high school degree or less, 94.9 percent agreed that the Health Department should offer venereal disease screening and treatment programs and 5.1 percent disagreed that such a service should be offered. Of the fifty-seven respondents with a bachelor's degree or less, 98.2 percent agreed that the Health Department should offer venereal disease screening and treatment programs and

1.8 percent disagreed that such a service should be offered. A total of 100 percent of the thirty-four respondents with a graduate degree or less felt that the Health Department should offer venereal disease screening and treatment programs. No statistical significance was demonstrated.

Of the sixty-seven male respondents in the sample, 97 percent agreed that the Health Department should offer venereal disease screening and treatment programs and 3 percent disagreed that such a service should be offered. Of the eighty-three female respondents in the sample, 97.6 percent agreed that the Health Department should offer venereal disease screening and treatment programs and 2.4 percent disagreed that such a service should be offered. No statistical significance was demonstrated.

Question #9

IN YOUR OPINION, ARE THE SERVICES PRESENTLY BEING OFFERED BY THE BEAR RIVER DISTRICT HEALTH DEPARTMENT FULFILLING THEIR ROLE AND RESPONSIBILITIES TO THE COMMUNITY? ☐ YES ☐ NO ☐ NO RESPONSE

Table 9-A shows that of the total sample of 150 subjects, 56 percent or eighty-four agreed that the Health Department was fulfilling its role and responsibilities to the community, 4 percent or six disagreed that the Health Department was fulfilling

its role and responsibilities to the community and 40 percent or sixty respondents answered, "no response." Table 9-A also shows that in Area I, 60 percent or thirty of the fifty respondents agreed that the Health Department was fulfilling its role and responsibilities to the community while 2 percent or one of the respondents disagreed that the Health Department was fulfilling its role and responsibilities to the community, and 38 percent or nineteen of the fifty respondents answered, "no response." In Area II, 52 percent or twenty-six of the fifty respondents agreed that the Health Department was fulfilling its role and responsibilities to the community, while 6 percent or three respondents disagreed that the Health Department was fulfilling its role and responsibilities to the community, and 42 percent or twenty-one respondents answered, "no response." In Area III, 56 percent or twenty-eight of the fifty respondents agreed that the Health Department was fulfilling its role and responsibilities to the community, 4 percent or two of the respondents disagreed that the Health Department was fulfilling its role and responsibilities to the community, and 40 percent or twenty of the fifty respondents answered, "no response." No statistical significance was demonstrated.

TABLE 9-A

ROLES FULFILLED BY INCOME

AREA		COUNT	I	IYFS	NO	NO RESP	NSF	ROW TOTAL	
		ROW #	I						
		COL #	I						
		TOT #	I						
XXX	1	I	30	I	1	I	19	I	50
		I	60.0	I	2.0	I	38.0	I	33.3
		I	35.7	I	16.7	I	31.7	I	
		I	20.0	I	0.7	I	12.7	I	
YYY	2	I	26	I	3	I	21	I	50
		I	52.0	I	6.0	I	42.0	I	33.3
		I	31.0	I	50.0	I	35.0	I	
		I	17.3	I	2.0	I	14.0	I	
ZZZ	3	I	28	I	2	I	20	I	50
		I	56.0	I	4.0	I	40.0	I	33.3
		I	33.3	I	33.3	I	33.3	I	
		I	18.7	I	1.3	I	13.3	I	
COLUMN			84		6		60		150
TOTAL			56.0		4.0		40.0		100.0
SIGNIFICANCE = 0.8467									

SIGNIFICANCE = 0.8467

Table 9-B shows that of the fifty-nine respondents with a high school degree or less, 45.8 percent or twenty-seven agreed that the Health Department was fulfilling its role and responsibility to the community, while 3.4 percent or two disagreed that the Health Department was fulfilling its role and responsibility to the community, and 50.8 percent or thirty answered, "no response". Of the fifty-seven respondents with a bachelor's degree or less, 59.6 percent or thirty-four agreed that the Health Department was fulfilling its role and responsibility to the community, 5.3 percent or three disagreed that the Health Department was fulfilling its role and responsibility to the community, and 35.1 percent or twenty of the respondents answered, "no response".

Of the thirty-four respondents with a graduate degree or less, 67.6 percent or twenty-three agreed that the Health Department was fulfilling its role and responsibility to the community, 2.9 percent or one respondent disagreed that the Health Department was fulfilling its role and responsibility to the community, and 29.4 percent or ten respondents answered, "no response". No statistical significance was demonstrated.

TABLE 9-B

ROLES FULFILLED BY EDUCATION

EDUCAT	COUNT		I	NO	NO RESPN	ROW
	ROW #	IFVS				
	COL #	I				
	TOT #	I	1	2	3	TOTAL
HS	1	27	1	2	30	59
		45.8	1	3.4	50.8	39.3
		32.1	1	33.3	50.0	
		18.0	1	1.3	20.0	
BS	2	34	1	3	20	57
		59.6	1	5.3	35.1	38.0
		40.5	1	50.0	33.3	
		22.7	1	2.0	13.3	
GN	3	23	1	1	10	34
		67.6	1	2.9	29.4	22.7
		27.4	1	16.7	16.7	
		15.3	1	0.7	6.7	
COLUMN		84	6	60	150	
TOTAL		56.0	8.0	40.0	100.0	

SIGNIFICANCE = 0.2421

Table 9-C shows that of the sixty-seven male respondents to the questionnaire, 53.7 percent or thirty-six of them agreed that the Health Department was fulfilling its role and responsibility to the community, 3 percent or two disagreed that the Health Department

was fulfilling its role and responsibility to the community, and 43.3 percent or twenty-nine answered, "no response". Of the eighty-three female respondents to the questionnaire, 57.8 percent or forty-eight of them agreed that the Health Department was fulfilling its role and responsibility to the community, 4.8 percent or four disagreed that the Health Department was fulfilling its role and responsibility to the community, and 37.3 percent or thirty-one answered, "no response". No statistical significance was demonstrated.

TABLE 9-C

ROLES FULFILLED BY SEX

SEX	COUNT				ROW TOTAL
	ROW %	YFS	NO	NO RESP	
	COL %			NSF	
	TOT %	1	2	3	
MALE	1	36	2	29	67
		53.7	3.0	43.3	44.7
		42.9	33.3	48.3	
		24.0	1.3	19.3	
FEMALE	2	48	4	31	83
		57.8	4.8	37.3	55.3
		57.1	66.7	41.7	
		32.0	2.7	20.7	
COLUMN TOTAL		84	4	60	150
		56.0	4.0	40.0	100.0

SIGNIFICANCE = 0.6875

Question #10

DO YOU FEEL THAT THE BEAR RIVER HEALTH DEPARTMENT
DISCRIMINATES AGAINST ANY INCOME OR RACIAL GROUP?

_____ YES _____ NO _____ NO RESPONSE

Table 10-A shows that of the total sample of 150 subjects, 1.3 percent or two respondents answered, "yes", the Health Department discriminates against some income or racial group, 72.7 percent answered, "no", the Health Department does not discriminate against any income or racial group, and 26 percent or thirty-nine respondents had "no response". Table 10-A also shows that in Area I, 2 percent or one of the fifty respondents felt that the Health Department discriminated against an income or racial group, 72 percent or thirty-six respondents felt that the Health Department did not discriminate, and 26 percent or thirteen respondents had no response. In Area II, 2 percent or one of the respondents felt that the Health Department discriminated against an income or racial group, 62 percent or thirty-one of the respondents felt that the Health Department did not discriminate against any particular income or racial group, and 36 percent or eighteen of the respondents had no response. In Area III, 84 percent or forty-two of the fifty respondents felt that the Health Department did not discriminate against any income or racial group and 16 percent or eight of the respondents had no response. No statistical significance was demonstrated.

TABLE 10-A

DISCRIMINATION BY INCOME

		COUNT																	
		ROW #	COL #	IFYS	NO	NO RESP	NSF	3	TOTAL										
		TOT #		1	2	3													
ARFA		1	1	1	1	13	50												
	XXX		2.0	72.0	26.0	33.3													
			50.0	33.0	33.3														
			0.7	24.0	8.7														
YYY		2	1	1	1	18	50												
			2.0	62.0	16.0	33.3													
			50.0	28.4	46.2														
			0.7	20.7	12.0														
ZZZ		3	0	42	8	50													
			0.0	84.0	16.0	33.3													
			0.0	38.4	20.5														
			0.0	28.0	5.3														
COLUMNS		2	100	39	150														
TOTAL		1.3	72.7	26.0	100.0														

SIGNIFICANCE = 0.1438

Table 10-B shows that of the fifty-nine respondents with a high school degree or less, 3.4 percent or two of them felt that the Health Department discriminated against some income or racial group, 61 percent or thirty-six felt that the Health Department did not discriminate against any income or racial group, and 35.6 percent or twenty-one of the respondents had no response. Of the fifty-seven respondents with a bachelor's degree or less, 75.4 percent or forty-three of the respondents felt that the Health Department did not discriminate against any income or racial group and 24.6 percent of the respondents had no response. Of the thirty-four respondents with a graduate degree or less, 88.2 percent or thirty-six felt that the Health Department did not discriminate against any income

or racial group, and 11.8 percent or four had no response. These data were found to be significant at the .05 percent level.

TABLE 10-B
DISCRIMINATION BY EDUCATION

		COUNT		I							
		ROW #	%	IYFS		NO		NO	RESPD		ROW
		COL #	%					NSF			TOTAL
		TOT #	%	I		I		2		3	I
EDUCAT				-----	-----	-----	-----	-----	-----	-----	-----
HS	1	I		I	2	I	7A	I	21	I	
		I		I	3.4	I	61.0	I	35.6	I	59
		I		I	100.0	I	33.0	I	53.8	I	39+3
		I		I	1.3	I	24.0	I	14.0	I	
BS	2	I		I	0	I	43	I	14	I	
		I		I	0.0	I	75.4	I	24.6	I	57
		I		I	0.0	I	39.4	I	35.9	I	38+0
		I		I	0.0	I	28.7	I	9.3	I	
GD	3	I		I	0	I	30	I	4	I	
		I		I	0.0	I	88.2	I	11.8	I	34
		I		I	0.0	I	27.5	I	10.3	I	22+7
		I		I	0.0	I	20.0	I	2.7	I	
COLUMN TOTAL				-----	-----	-----	-----	-----	-----	-----	-----
					2		109		39		150
					1.3		72.7		26.0		100.0
					SIGNIFICANCE						

Table 10-C shows that of the sixty-seven male respondents, 1.5 percent or one of them felt that the Health Department discriminated against an income or racial group, 67.2 percent or forty-five felt that the Health Department did not discriminate against any income or racial group, and 31.3 percent or twenty-one had no response. Of the eighty-three female respondents, 1.2 percent or one of them felt that the Health Department discriminated against an income or racial group, 77.1 percent or sixty-four felt that the Health Department did not

discriminate against any income or racial group, and 21.7 percent or eighteen had no response. No statistical significance was demonstrated.

TABLE 10-C

DISCRIMINATION BY SEX

	COUNT	I			NO			NO RESPO			ROW
	ROW %	IYFS						NSF			TOTAL
	COL %	I			I			I			
	TOT %	I			I			I			
SEX		I	1	I	2	I	3	I			
	1	I	1	I	45	I	21	I			67
MALE		I	1.5	I	67.2	I	31.3	I			44.7
	I	50.0	I	41.3	I	43.8	I				
	I	0.7	I	30.0	I	14.0	I				
		I		I		I		I			
	2	I	1	I	64	I	18	I			83
FFEMALE		I	1.2	I	77.1	I	21.7	I			55.3
	I	50.0	I	58.7	I	46.2	I				
	I	0.7	I	42.7	I	12.0	I				
		I		I		I		I			
COLUMN		2			109			39			150
TOTAL		1.3			72.7			26.0			100.0

SIGNIFICANCE = 0.3951

Question #11

DO YOU FEEL THAT IT IS THE RESPONSIBILITY OF THE BEAR RIVER HEALTH DEPARTMENT TO WIDELY ADVERTISE ITS SERVICES?

_____ YES _____ NO _____ NO RESPONSE

Table 11-A shows that of the total sample of 150 subjects, 98.7 percent or one hundred and forty-eight felt that the Health Department should widely advertise its services, .7 percent or one felt that the Health Department should not widely advertise its services, and .7 percent or one respondent answered, "no response".

Table 11-A also shows that in Area I, 100 percent or all

fifty of the respondents felt that the Bear River Health Department should widely advertise its services. In Area II, 96 percent or forty-eight of the fifty respondents agreed that the Health Department should widely advertise its services, and 2 percent or one of the respondents disagreed that the Health Department should widely advertise its services, and 2 percent or one of the respondents answered, "no response". In Area III, 100 percent or all fifty of the respondents agreed that the Health Department should widely advertise its services. No statistical significance was demonstrated.

TABLE 11-A

RESPONSIBILITY TO ADVERTISE BY INCOME

AREA	COUNT								ROW TOTAL
	ROW	IYFS			NO		NO RESPD		
	COL	I			NSF				
	TOT	1	2	3	1	2	3		
XXX	1	I	50	I	0	I	0	I	50
		I	100.0	I	0.0	I	0.0	I	33.3
		I	33.3	I	0.0	I	0.0	I	
		I	33.3	I	0.0	I	0.0	I	
		I	33.3	I	0.0	I	0.0	I	
YYY	2	I	48	I	1	I	1	I	50
		I	96.0	I	2.0	I	2.0	I	33.3
		I	32.4	I	100.0	I	100.0	I	
		I	32.0	I	0.7	I	0.7	I	
		I	32.0	I	0.7	I	0.7	I	
ZZZ	3	I	50	I	0	I	0	I	50
		I	100.0	I	0.0	I	0.0	I	33.3
		I	33.3	I	0.0	I	0.0	I	
		I	33.3	I	0.0	I	0.0	I	
		I	33.3	I	0.0	I	0.0	I	
COLUMN TOTAL		148			1		1		150
TOTAL		98.7			0.7		0.7		100.0

SIGNIFICANCE = 0.3987

SIGNIFICANCE = 0.3987

Table 11-B shows that of the fifty-nine respondents with a high school degree or less, 98.3 percent or fifty-eight agreed that the Health Department should widely advertise its services, and 1.7 percent or one disagreed that the Health Department should widely advertise its services. Of the fifty-seven respondents with a bachelor's degree or less, 98.2 percent or fifty-six agreed that the Health Department should widely advertise its services, and 1.8 percent or one disagreed that the Health Department should widely advertise its services. Of the thirty-four respondents with a graduate degree or less, 100 percent agreed that the Health Department should widely advertise its services. No statistical significance was demonstrated.

TABLE 11-B
RESPONSIBILITY TO ADVERTISE BY EDUCATION

	COUNT	I	NO		NO RESP	NO
	ROW	I	I	I	NSF	TOTAL
	COL	I				
	TOT	I	1	2	3	
EDUCAT		I				
HS	1	I	58	0	1	39
		I	98.3	0.0	1.7	39.3
		I	39.2	0.0	100.0	
		I	38.7	0.0	0.7	
BS	2	I	56	1	0	57
		I	98.2	1.8	0.0	38.0
		I	37.8	100.0	0.0	
		I	37.3	0.7	0.0	
GD	3	I	34	0	0	34
		I	100.0	0.0	0.0	22.7
		I	23.0	0.0	0.0	
		I	22.7	0.0	0.0	
COLUMN		148	1	1	150	
TOTAL		98.7	0.7	0.7	100.0	

SIGNIFICANCE = 0.5279

Table 11-C shows that of the sixty-seven male respondents, 98.5 percent or sixty-six agreed that the Health Department should widely advertise its services and 1.5 percent or one had no response. Of the eighty-three female respondents, 98.8 percent or eighty-two agreed that the Health Department should widely advertise its services and 1.2 percent or one disagreed that the Health Department should widely advertise its services. No statistical significance was demonstrated.

TABLE 11-C
RESPONSIBILITY TO ADVERTISE BY SEX

SEX	COUNT		I		NO		NO RESP		HOW TOTAL
	ROW %	COL %	YES	NO	YES	NO	NSF	NO	
	COL %	COL %	YES	NO	YES	NO	NSF	NO	
	TOT %	TOT %	YES	NO	YES	NO	NSF	NO	
MALE	1	I	66	I	0	I	1	I	67
	I	98.5	I	0.0	I	1.5	I	44.7	
	I	44.6	I	0.0	I	100.0	I		
	I	44.0	I	0.0	I	0.7	I		
FEMALE	2	I	82	I	1	I	0	I	83
	I	98.8	I	1.2	I	0.0	I	55.3	
	I	55.4	I	100.0	I	0.0	I		
	I	54.7	I	0.7	I	0.0	I		
COLUMN TOTAL		149	1	1	1	1	150		
		98.7	0.7	0.7	100.0				

SIGNIFICANCE = 0.3595

Question #12

DO YOU FEEL THAT ADVERTISEMENT OF THE HEALTH DEPARTMENT'S SERVICES HAS BEEN ADEQUATE IN THE PAST?

_____ YES _____ NO _____ NO RESPONSE

Table 12-A shows that of the total sample of 150 subjects, 21.3 percent or thirty-two agreed that advertising

of services has been adequate in the past, 48.7 percent or seventy-three disagreed that advertising had been adequate in the past, and 30 percent or forty-five had no response. Table 12-A also shows that in Area I, 20 percent or ten of the fifty respondents agreed that the Health Department had adequately advertised its services in the past, 52 percent or twenty-six disagreed that the Health Department had adequately advertised in the past, and 28 percent or fourteen had no response. Of the fifty respondents in Area II, 20 percent or ten agreed that the Health Department had adequately advertised its services in the past, 52 percent or twenty-six disagreed that the Health Department had adequately advertised in the past, and 28 percent or fourteen had no response. Of the fifty respondents in Area III, 24 percent or twelve agreed that the Health Department had adequately advertised its services in the past, 42 percent or twenty-one disagreed that the Health Department had adequately advertised its services in the past, and 34 percent or seventeen had no response. No statistical significance was demonstrated.

TABLE 12-A

PAST ADVERTISEMENT BY INCOME

AREA		COUNT		I	NO	NO RESPD		ROW TOTAL	
		ROW #	IFYS			NSF	3		
		COL #	I						
		TOT	1			2			
XXX	1	I	10	I	24	I	14	I	50
		I	20.0	I	52.0	I	28.0	I	33.3
		I	31.3	I	35.6	I	31.1	I	
		I	6.7	I	17.3	I	9.3	I	
		I							
YYY	2	I	10	I	24	I	14	I	50
		I	20.0	I	52.0	I	28.0	I	33.3
		I	31.3	I	35.6	I	31.1	I	
		I	6.7	I	17.3	I	9.3	I	
		I							
ZZZ	3	I	12	I	21	I	17	I	50
		I	24.0	I	42.0	I	34.0	I	33.3
		I	37.5	I	28.8	I	37.8	I	
		I	8.0	I	14.0	I	11.3	I	
		I							
COLUMN			32		73		45		150
TOTAL			21.3		49.7		30.0		100.0
SIGNIFICANCE = 0.0554									

SIGNIFICANCE = 0.8554

Table 12-B shows that of the fifty-nine respondents with a high school degree or less, 20.3 percent or twelve agreed that the Health Department had adequately advertised its services in the past, 45.8 percent or twenty-seven disagreed that the Health Department had adequately advertised in the past, and 33.9 percent had no response. Of the fifty-seven respondents with a bachelor's degree or less, 22.8 percent or thirteen agreed that the Health Department had adequately advertised its services in the past, 43.9 percent or twenty-five disagreed that the Health Department had adequately advertised its services in the past, and 33.3 percent or nineteen had no response. Of the thirty-four respondents with a graduate degree or less, 20.6 percent or seven felt that the Health Department had

adequately advertised its services in the past, while 61.8 percent or twenty-one felt that they had not adequately advertised in the past, and 17.6 percent of the respondents had no response. No statistical significance was demonstrated.

TABLE 12-B
PAST ADVERTISEMENT BY EDUCATION

EDUCAT	COUNT		I	YFS	NO	NO RESP NSF	ROW TOTAL	
	ROW #	COL #						
	1	2						3
	TOT %	1						2
HS	1	1	12	27	20	59		
		I	20.3	45.8	33.9	39.3		
		I	37.5	37.0	44.4			
		I	8.0	18.0	13.3			
	I							
BS	2	1	13	25	19	57		
		I	22.8	43.9	33.3	38.0		
		I	40.6	38.2	42.2			
		I	8.7	16.7	12.7			
	I							
GD	3	1	7	21	6	34		
		I	20.6	61.8	17.6	22.7		
		I	21.9	28.8	13.3			
		I	4.7	14.0	4.0			
	I							
COLUMN		37	73	45	150			
TOTAL		21.3	48.7	30.0	100.0			

SIGNIFICANCE = 0.4190

Table 12-C shows that of the sixty-seven male respondents, 17.9 percent or twelve agreed that the Health Department had adequately advertised its services in the past, 61.2 percent or forty-one disagreed that the Health Department had adequately advertised in the past, and 20.9 percent or fourteen had no response. Of the eighty-three female respondents, 24.1 percent or twenty agreed that the Health Department had adequately advertised in

the past, 38.6 percent or thirty-two disagreed that the Health Department had adequately advertised in the past, and 37.3 percent or thirty-one had no response. These data were found to be significant at the .01 percent level.

TABLE 12-C
PAST ADVERTISEMENT BY SEX

SEX	COUNT				ROW TOTAL
	YES	NO	NO RESP		
	COL %	COL %	COL %		
	TOT %	TOT %	TOT %		
MALE	1	12	41	14	67
	17.9	61.2	20.9		44.7
	37.5	56.2	11.1		
	8.0	27.3	9.3		
FEMALE	2	20	32	31	83
	24.1	38.6	17.3		55.3
	62.5	43.8	18.9		
	13.3	21.3	20.7		
COLUMN TOTAL					150
TOTAL					100.0

SIGNIFICANCE = 0.0191

Question #13

DO YOU FEEL THAT THE BEAR RIVER HEALTH DEPARTMENT
IS IN COMPETITION WITH PRIVATE PHYSICIANS?

____ YES ____ NO ____ NO RESPONSE

Table 13-A shows that of the total sample of 150 subjects, 1.3 percent or two believed that the Health Department was in competition with private physicians, 78.7 percent or 118 felt that the Health Department was not in competition with private physicians, and 20 percent or thirty had no response. Table 13-A also shows

that of the fifty respondents in Area I, 4 percent or two felt the Health Department was in competition with private physicians, 72 percent or thirty-six felt that the Health Department was not in competition with private physicians, and 24 percent or twelve had no response. Of the fifty subjects in Area II, 76 percent or thirty-eight felt that the Health Department was not in competition with private physicians, and 24 percent or twelve had no response. Of the fifty subjects in Area III, 88 percent or forty-four felt that the Health Department was not in competition with private physicians and 12 percent or six had no response. No statistical significance was demonstrated.

TABLE 13-A
COMPETITION WITH PHYSICIANS BY INCOME

AREA	COUNT ROW # COL # TOT #	IYFS			NO			NO RESP NSF			ROW TOTAL
		I			2			3			
		1			2			3			
		I			I			I			
XXX	1	I	2	I	36	I	12	I			50
		I	4.0	I	72.0	I	24.0	I			33.3
		I	100.0	I	30.6	I	40.0	I			
		I	1.3	I	24.0	I	8.0	I			
YYY	2	I	0	I	38	I	12	I			50
		I	0.0	I	76.0	I	24.0	I			33.3
		I	0.0	I	32.2	I	40.0	I			
		I	0.0	I	25.3	I	8.0	I			
ZZZ	3	I	0	I	44	I	6	I			50
		I	0.0	I	88.0	I	12.0	I			33.3
		I	0.0	I	37.3	I	20.0	I			
		I	0.0	I	29.3	I	4.0	I			
COLUMN		2			118			30			150
TOTAL		1.3			78.7			20.0			100.0

SIGNIFICANCE = 0.1217

Table 13-B shows that of the fifty-nine respondents with a high school degree or less, 1.7 percent or one felt that the Health Department was in competition with private physicians, 71.2 percent or forty-two felt the Health Department was not in competition with private physicians, and 27.1 percent or sixteen had no response. Of the fifty-seven respondents with a bachelor's degree or less, 1.8 percent or one felt that the Bear River Health Department was in competition with private physicians, 78.9 percent or forty-five felt that the Health Department was not in competition with private physicians, and 19.3 percent or eleven had no response. Of the thirty-four respondents with a graduate degree or less, 91.2 percent or thirty-one felt that the Bear River Health Department was not in competition with private physicians, and 8.8 percent or three had no response. No statistical significance was demonstrated.

TABLE 13-B

COMPETITION WITH PHYSICIANS BY EDUCATION

EDUCAT	COUNT		I		NO		NO RESPD		ROW TOTAL
	ROW %	I	LYFS	I	NO	I	NSF	I	
	COL %	I							
	TOT %	I	1	I	2	I	3	I	
HS	1	I	1	I	42	I	16	I	59
		I	1.7	I	71.2	I	27.1	I	39.3
		I	50.0	I	35.4	I	14.3	I	
		I	0.7	I	28.0	I	10.7	I	
BS	2	I	1	I	45	I	11	I	57
		I	1.8	I	78.9	I	19.3	I	38.0
		I	50.0	I	39.1	I	16.7	I	
		I	0.7	I	30.0	I	7.3	I	
GO	3	I	0	I	11	I	3	I	34
		I	0.0	I	91.2	I	8.8	I	22.7
		I	0.0	I	26.7	I	10.0	I	
		I	0.0	I	20.7	I	2.0	I	
COLUMN			2		118		30		150
TOTAL			1.3		78.7		20.0		100.0

SIGNIFICANCE = 0.2564

Table 13-C shows that of the sixty-seven male respondents, 3 percent or two felt that the Health Department was in competition with private physicians, 71.6 percent or forty-eight felt that the Health Department was not in competition with private physicians, and 25.4 percent or seventeen had no response. Of the eighty-three female respondents, 84.3 percent or seventy felt that the Health Department was not in competition with private physicians and 15.7 percent or thirteen had no response. These data approached significance at the .08 percent level.

TABLE 13-C

COMPETITION WITH PHYSICIANS BY SEX

SEX	COUNT		IFFS		NO		NO RESPD		ROW TOTAL
	ROW %	COL %	1	2	1	2	1	2	
	COL %	1	1	2	1	2	1	2	
	TOT %	1	1	2	1	2	1	2	
MALE	1	1	2	1	4A	1	17	1	67
			3.0	1	71.6	1	25.4	1	44.7
			100.0	1	40.7	1	56.7	1	
			1.3	1	32.0	1	11.3	1	
FFMALE	2	1	0	1	70	1	13	1	83
			0.0	1	84.3	1	15.7	1	55.3
			0.0	1	59.3	1	43.3	1	
			0.0	1	46.7	1	8.7	1	
COLUMN TOTAL			2		11A		30		150
TOTAL			1.3		7A.7		20.0		100.0

SIGNIFICANCE = 0.0027

Question #14

DO YOU FEEL THAT THE BEAR RIVER DISTRICT HEALTH DEPARTMENT SHOULD BE INVOLVED IN THE PLANNING OF HEALTH SERVICES BUT NOT NECESSARILY BE RESPONSIBLE FOR THE ACTUAL DELIVERY OF THOSE SERVICES?

___ YES ___ NO ___ NO RESPONSE

Table 14-A shows that of the total sample of 150 subjects, 40.7 percent or sixty-one answered, "yes," the Health Department should be involved in the planning of health services, but not necessarily be responsible for the delivery of those services, 37.3 percent or fifty-six answered, "no," the Health Department should not be involved in the planning of health services, nor be responsible for the actual delivery of those services, and 22 percent or thirty-three

answered, "no response." Table 14-A also shows that in Area I, 42 percent or twenty-one of the fifty respondents answered, "yes," the Health Department should be involved in the planning of health services but not necessarily be responsible for the actual delivery of those services, 46 percent or twenty-three answered, "no," the Health Department should not be involved in the planning of health services, nor be responsible for the actual delivery of those services, and 12 percent or six answered, "no response." Of the fifty respondents in Area II, 40 percent or twenty answered, "yes," the Health Department should be involved in the planning of health services but not necessarily be responsible for the actual delivery of those services, 44 percent or twenty-two answered, "no," the Health Department should not be involved in the planning of health services, nor be responsible for the actual delivery of those services, and 16 percent or eight answered, "no response." Of the fifty respondents in Area III, 40 percent or twenty answered, "yes," the Health Department should be involved in the planning of health services but not necessarily be responsible for the actual delivery of those services, 22 percent or eleven answered, "no," the Health Department should not be involved in the planning of health services, nor be responsible for the actual delivery of those services, and 38

percent or nineteen answered, "no response." These data were significant at the .01 percent level.

TABLE 14-A
INVOLVEMENT IN SERVICES BY INCOME

	COUNT		I		NO		NO RESPD		ROW TOTAL
	ROW #	I	YFS				NSF		
	COL #	I							
	TOT #	I	1	I	2	I	3	I	
ARFA									
	1	I	21	I	23	I	6	I	50
XXX		I	42.0	I	46.0	I	12.0	I	33.3
		I	34.4	I	41.1	I	18.2	I	
		I	14.0	I	15.3	I	4.0	I	
	2	I	20	I	22	I	8	I	50
YYY		I	40.0	I	44.0	I	16.0	I	33.3
		I	32.8	I	39.3	I	24.2	I	
		I	13.3	I	14.7	I	5.3	I	
	3	I	20	I	11	I	19	I	50
ZZZ		I	40.0	I	22.0	I	38.0	I	33.3
		I	32.8	I	19.6	I	47.6	I	
		I	13.3	I	7.3	I	12.7	I	
COLUMN TOTAL			61		56		33		150
			40.7		37.3		22.0		100.0

SIGNIFICANCE = 0.0003

Table 14-B shows that of the fifty-nine respondents with a high school degree or less, 30.5 percent or eighteen answered, "yes," the Health Department should be involved in the planning of health services but not necessarily be responsible for the actual delivery of those services, 49.2 percent or twenty-nine answered, "no," the Health Department should not be involved in the planning of health services, nor be responsible for the actual delivery of those services, and 20.3 percent or twelve answered, "no response." Of the fifty-seven respondents with a bachelor's degree or less, 36.8 percent or twenty-one answered, "yes," the Health Department

should be involved in the planning of health services but not necessarily be responsible for the actual delivery of those services, 36.8 percent or twenty-one answered, "no," the Health Department should not be involved in the planning of health services, nor be responsible for the actual delivery of those services, and 26.3 percent or fifteen answered, "no response." Of the thirty-four respondents with a graduate degree or less, 64.7 percent or twenty-two answered, "yes," the Health Department should be involved in the planning of health services but not necessarily be responsible for the actual delivery of those services, 17.6 percent or six answered, "no," the Health Department should not be involved in the planning of health services, nor be responsible for the actual delivery of those services, and 17.6 percent or six answered, "no response." These data were found to be significant at the .01 percent level.

TABLE 14-B

INVOLVEMENT IN SERVICES BY EDUCATION

EDUCAT	COUNT		I	YFS	NO	NO RESPD NSF	ROW TOTAL
	ROW #	COL #					
	TOT #	I					
HS	1	I	18	I	29	I	59
		I	30.5	I	49.2	I	19.3
		I	29.5	I	51.8	I	
		I	12.0	I	19.7	I	8.0
HS	2	I	21	I	21	I	57
		I	36.8	I	36.8	I	38.0
		I	34.4	I	37.5	I	
		I	14.0	I	14.0	I	10.0
GO	3	I	22	I	8	I	34
		I	64.7	I	17.6	I	22.7
		I	36.1	I	10.7	I	
		I	14.7	I	4.0	I	4.0
COLUMN			61		56	33	150
TOTAL			40.7		37.3	22.0	100.0

SIGNIFICANCE = 0.0107

Table 14-C shows that of the sixty-seven male respondents, 46.3 percent or thirty-one answered, "yes," the Health Department should be involved in the planning of health services but not necessarily be responsible for the actual delivery of those services, 34.3 percent or twenty-one answered, "no," the Health Department should not be involved in the planning of health services, nor be responsible for the actual delivery of those services, and 19.4 percent or thirteen answered, "no response." Of the eighty-three female respondents, 36.1 percent or thirty answered, "yes," the Health Department should be involved in the planning of health services but

not necessarily be responsible for the actual delivery of those services, 39.8 percent or thirty-three answered, "no," the Health Department should not be involved in the planning of health services, nor be responsible for the actual delivery of those services, and 24.1 percent or twenty answered, "no response." No statistical significance was demonstrated.

TABLE 14-C
INVOLVEMENT IN SERVICES BY SEX

		COUNT		I		NO		NO RESPD		ROW TOTAL		
		ROW %	I	IYFS					NSF			
		COL %	I									
		TOT %	I		1	I		2	I		3	I
SEX												
	1		I		31	I		23	I		13	I
MALE			I		46.3	I		34.3	I		19.4	I
			I		50.8	I		41.1	I		39.4	I
			I		20.7	I		15.3	I		8.7	I
	2		I		30	I		33	I		20	I
FFEMALE			I		36.1	I		39.8	I		24.1	I
			I		49.2	I		58.9	I		40.6	I
			I		20.0	I		22.0	I		13.3	I
COLUMN TOTAL					61			56			33	
TOTAL					40.7			37.3			22.0	
												150
												100.0

SIGNIFICANCE = 0.0097

Question #15

IF IDENTICAL SERVICES WERE AVAILABLE, WOULD YOU UTILIZE THE BEAR RIVER DISTRICT HEALTH DEPARTMENT OR A PRIVATE PHYSICIAN?

Table 15-A shows that of the total sample of 150 subjects, 46.7 percent or seventy answered that they

would have utilized the Bear River Health Department, 46.7 percent or seventy answered that they would have used a private physician, and 6.7 percent or ten had no response. Table 15-A also shows that of the fifty respondents in Area I, 72 percent or thirty-six answered that they would have used the Bear River District Health Department, 24 percent or twelve answered that they would have used a private physician, and 4 percent or two had no response. Of the fifty respondents in Area II, 46 percent or twenty-three would have utilized the Bear River District Health Department, 46 percent or twenty-three would have utilized a private physician, and 8 percent or four had no response. Of the fifty respondents in Area III, 22 percent or eleven answered that they would have utilized the Bear River District Health Department, 70 percent or thirty-five answered that they would have utilized a private physician, and 8 percent or four had no response. This data was significant at the .01 percent level.

TABLE 15-A

USE OF SERVICES BY INCOME

COUNT		I				II				III				IV				V				VI				VII				VIII				IX				X				XI				XII				XIII				XIV				XV				XVI				XVII				XVIII				XIX				XX				XXI				XXII				XXIII				XXIV				XXV				XXVI				XXVII				XXVIII				XXIX				XXX				XXXI				XXXII				XXXIII				XXXIV				XXXV				XXXVI				XXXVII				XXXVIII				XXXIX				LXXXX				LXXXXI				LXXXXII				LXXXXIII				LXXXXIV				LXXXXV				LXXXXVI				LXXXXVII				LXXXXVIII				LXXXXIX				LXXXXX				LXXXXXI				LXXXXXII				LXXXXXIII				LXXXXXIV				LXXXXXV				LXXXXXVI				LXXXXXVII				LXXXXXVIII				LXXXXXIX				LXXXXXX				LXXXXXXI				LXXXXXXII				LXXXXXXIII				LXXXXXXIV				LXXXXXXV				LXXXXXXVI				LXXXXXXVII				LXXXXXXVIII				LXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX				LXXXXXXX				LXXXXXXXI				LXXXXXXXII				LXXXXXXXIII				LXXXXXXXIV				LXXXXXXXV				LXXXXXXXVI				LXXXXXXXVII				LXXXXXXXVIII				LXXXXXXXIX	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graduate degree or less, 26.5 percent or nine indicated that they would have utilized the Bear River Health Department, and 73.5 percent or twenty-five indicated that they would have used a private physician. This data was found to be significant at the .01 percent level.

TABLE 15-B

USE OF SERVICES BY EDUCATION								
EDUCAT	COUNT	I				ROW TOTAL		
	ROW #	I, R, H, D.	PHYSICIAN	NO RESP				
	COL #	I	N	NSF				
	TOT #	I	1	2	3			
HS	1	-----I-----				59		
		I	39	I	15		I	5
		I	66.1	I	25.4		I	8.5
		I	55.7	I	21.4		I	40.0
		I	26.0	I	10.0		I	3.3
AS	2	-----I-----				57		
		I	22	I	30		I	5
		I	38.6	I	52.6		I	8.8
		I	31.4	I	42.9		I	40.0
		I	14.7	I	20.0		I	3.3
GD	3	-----I-----				34		
		I	9	I	25		I	0
		I	26.5	I	73.5		I	0.0
		I	12.9	I	35.7		I	0.0
		I	6.0	I	16.7		I	0.0
COLUMN TOTAL		-----I-----				150		
TOTAL						100.0		
SIGNIFICANCE = 0.0001								

SIGNIFICANCE = 0.0001

Table 15-C shows that of the sixty-seven male respondents, 52.2 percent or thirty-five indicated that they would have utilized the Bear River Health Department, 43.3 percent or twenty-nine indicated that they would have utilized a private physician, and 4.5 percent or three had no response. Of the

eighty-three female respondents, 42.2 percent or thirty-five indicated that they would have utilized the Bear River District Health Department, 49.4 percent or forty-one indicated that they would have utilized a private physician, and 8.4 percent or seven had no response. No statistical significance was demonstrated.

TABLE 15-C
USE OF SERVICES BY SEX

		COUNT		I		PHYSICIAN		NO RESP		ROW TOTAL	
ROW %		I		I		N		NSF			
COL %		I		I		I		I			
TOT %		I		I		I		I			
SEX		I		I		I		I		I	
MALE		1		I		I		I		67	
		I		52.2		I		43.3		I	
		I		50.0		I		41.4		I	
		I		23.3		I		19.3		I	
FEMALE		2		I		I		I		83	
		I		35		I		41		I	
		I		42.2		I		49.4		I	
		I		50.0		I		58.6		I	
		I		23.3		I		27.1		I	
COLUMN TOTAL		70		70		10		150			
TOTAL		46.7		46.7		6.7		100.0			

SIGNIFICANCE = 0.3729

The data in Table 16 show that of the fifty respondents in Area I, thirty indicated they had an annual income of \$8,000 or less, nineteen indicated they had an annual income of between \$8,000 and \$12,000, and one indicated he had an annual income of \$12,000 or more. Of the fifty respondents in Area II, four indicated that they had an annual income of \$8,000 or less, forty indicated they had

an annual income of between \$8,000 and \$12,000, and six indicated they had an annual income of \$12,000 or more. Of the fifty respondents in Area III, two indicated they had an annual income of \$8,000 or less, two indicated they had an annual income of between \$8,000 and \$12,000, and forty-six indicated they had an annual income of \$12,000 or more. These data were found to be significant at the .01 percent level.

TABLE 16
INCOME BY AREA

AREA		COUNT		I			ROW TOTAL
		ROW %	I	1A	B	C	
		COL %	I				
		TOT %	I	1	2	3	
XXX	1	I	30	19	1	50	
		I	60.0	38.0	2.0	33.3	
		I	31.3	31.1	1.9		
		I	20.0	12.7	0.7		
YYY	2	I	4	40	6	50	
		I	8.0	80.0	12.0	33.3	
		I	11.1	65.6	11.3		
		I	2.7	25.7	4.0		
ZZZ	3	I	2	2	46	50	
		I	4.0	4.0	92.0	33.3	
		I	5.6	3.3	66.8		
		I	1.3	1.3	10.7		
COLUMN TOTAL		36	61	53	150		
TOTAL		24.0	40.7	35.3	100.0		

SIGNIFICANCE = 0.0000

Discussion

Although only twenty-four of the total ninety variables showed statistical significance at or better than the .05 percent level, some interesting conclusions could be drawn from all responses. For this reason, responses are discussed concerning each of the three variables (income level, educational achievement, and sex) as well as responses from the population as a whole.

The data for question number one revealed that none of the three variables were significant at or above the .05 percent level. But, the data did show that half of the total sample did not know where the offices of the Bear River District Health Department were located. The data also showed that, although only 58 percent of the respondents in the low income area knew where the health department's offices were located, this compared to 50 percent and 44 percent for the middle income area and high income area respectively. This may be an indication that the higher a family's income, the less apt they are to be familiar with the local public health agency.

Just the opposite seems true, however, by looking at the data in Table 1-B, which seemed to indicate that the lower an individual's educational achievement, the less apt he is to be familiar with the local

public health agency. This appears to contradict the data in Table 1-A, and suggests that income is not necessarily commensurate with educational achievement. The data in Table 1-C may indicate that, to a small degree, women are more likely to be aware of local public health agencies than men.

It could be inferred that the data for question number one reveals an inadequate number of people were aware of the Bear River District Health Department, and indicated a need for the health department to attain greater public visibility and awareness. If, like the sample population, only half of the residents of Logan, Utah, are aware of where the offices of the Bear River District Health Department are located, many people who may be in need of some of the services offered by the health department may not be receiving them.

The data for question number two also were not statistically significant at or above the .05 percent level for any of the three variables, but, like the data for question number one, showed some interesting indications. Of the total sample of 150, only 35.3 percent of the respondents had ever used any of the services offered by the Bear River District Health Department. The data indicated that the higher the respondents' income, the less apt they were to have

ever used any of the health department's services. The higher the respondents' educational achievement, the less apt they were to have used any of the health department's services. Men were less apt to have used any of the health department's services than women.

Question number three was designed to determine how the respondents who had used health department services learned about those services. Of the total respondents to question three, 52.8 percent indicated that they had learned of the Health Department's services through the newspaper, and 47.2 percent indicated that they had learned of the Health Department's services through some other means. None of the respondents indicated that they had learned of the Health Department's services from either radio or television. This was also the case with data classified by income area, educational status, and sex. These data seemed to indicate that advertisement of Health Department services over radio and television has either not been done, or has not been effective when it has been done. A large advertising campaign by the Health Department over a greater range of advertising facilities in order to reach a larger proportion of the population may be indicated.

The data for question number four shows that there were a variety of reasons that some respondents had never used any of the services offered by the Bear River District Health Department. Of the total sample who responded to this question, 37 percent had never used any of the services offered by the Bear River District Health Department because they felt they had not needed them; 24 percent had never used these services because they were not aware they were available; 36 percent had never used any of these services because they always used the services of the family physician; and only 2 percent had never used any of these services for other reasons. Although not statistically significant at or above the .05 percent level, the data for question number four did indicate that the higher an individual's income level the greater the tendency for him to use a private physician for his health needs.

The data for question four were statistically significant at the .05 percent level for educational achievement. It shows some definite indications. The greatest majority of those respondents with a high school degree or less reported they had never used services at the Bear River Health Department because they had not needed them. The greatest majority of those respondents with a bachelor's degree or less, and a graduate degree or less had not used services at the Bear River Health

Department because they had always used a family physician. This showed a definite indication that the higher an individual's education, the less apt he is to utilize a public health agency for his health needs. The data for question number four also showed that more men than women had not used the services offered by the Bear River District Health Department because they had not felt they needed them. More women had not used the services because they were not aware they were available, and more women had also not used the services offered by the Bear River Health Department because they had always used the services of a family physician.

These data seem to indicate a need for the Bear River District Health Department to increase the public's awareness regarding their services, especially regarding eligibility for these services.

The data for question number five showed that of the total sample of 150 subjects, only two had ever sought services at the Bear River District Health Department and found them unavailable. These two were both females. One was from the low income area and one was from the middle income area; one had an educational achievement of a high school degree or less and the other had a bachelor's degree. Since

such a small percentage of the total respondents ever sought services at the Bear River District Health Department and found them unavailable, these data seem to indicate that either the services being sought were somewhat out of the ordinary or that some misunderstanding had taken place. On the whole, the majority of those who responded to the survey instrument who sought services at the Bear River District Health Department found the services that they were looking for available.

One of the two respondents who had sought services at the Bear River District Health Department and found them unavailable refused to say which services she was seeking, and the other respondent was looking for a senior citizens health program. Since this respondent was not specific as to what type of senior citizen health program she was looking for, and since there are many programs at the health department designed for senior citizens, it was difficult to determine whether the service she was seeking was legitimate.

Question number seven was designed as an open ended question to determine what services, if any, a respondent would like to see offered by the Bear River District Health Department. Only thirty-three of the total sample of 150 subjects responded to this

question. The response seemed to indicate a lack of awareness of the services available to the individual from the health department since most of the respondents suggested services which were already offered. Suggested services included mosquito control, health insurance, immunization clinics, first aid education, pre-school physicals, teeth and eye screening, family planning, senior citizen health programs, blood pressure screening, and an elevator. Of these ten suggested services, six were already available at the Bear River District Health Department, and one is not applicable to the present situation. The other services suggested, with the exception of health insurance, are legitimate services and ought to be looked into by the health department.

Question number eight was designed to follow-up question number seven as a alternative choice in which suggested services were mentioned to the respondent, of which he could indicate "yes," he would like to see them offered by the Bear River District Health Department or "no," he would not like to see them offered by the Bear River District Health Department. The data in Table 8 showed the various responses to the suggested services.

The data in Table 8 suggest that the majority of the total sample favored having the health department

offer all of the services suggested in question number eight with the exception of birth control counseling and abortion information.

No statistical significance was found to exist between income level, educational achievement, or sex and whether or not the respondent felt that the health department should offer immunization clinics as a service, drug counseling as a service, drug rehabilitation programs or pre-natal care courses. The data were found to be statistically significant at the .01 percent level regarding the respondents' income level and whether or not they felt the health department should offer water and air quality management. The higher the income level, the less apt the respondent was to feel that the health department should offer this service. However, no statistical significance was found to exist between the respondents' educational achievement and sex and whether or not they felt that the health department should offer water and air quality management. No statistical significance was found to exist among income level, educational achievement or sex and whether or not the respondent felt that the health department should offer food and food establishment inspection as a service.

A statistical significance at the .01 percent level was found to exist however, when the respondents

were asked whether or not the health department should offer promotion of Day-care centers. This significance was found to exist in relation to the respondents' education and sex. The lower the educational achievement, the more apt the respondent was to be in favor of such a service. In addition, women were more apt to be in favor of such a service than men.

Statistical significance at the .05 percent level was found to exist between an individual's income level and whether or not they felt the health department should offer promotion of senior citizen centers as a service. The higher the income level, the less apt the respondent was to be in favor of this service. Statistical significance was found to exist also at the .01 percent level in relationship to an individual's educational achievement and whether or not they felt the health department should promote senior citizen centers, the trend again being that the higher the educational achievement, the less apt the respondent was to be in favor of such a service. No statistical significance was found to exist between sex and whether or not the respondent was in favor of the promotion of senior citizen centers as a service offered by the Bear River District Health Department.

When asked if the health department should offer meals-on-wheels for senior citizens, there was found to

be a statistical significance between an individual's education and sex regarding this service. The relationship between education and whether or not a respondent felt the health department should offer this service was found to be significant at the .05 percent level with the trend being that the higher the educational achievement, the less apt the respondent was to be in favor of this service. A statistical significance of .02 percent was established between the respondents' sex and whether or not they felt the health department should offer this service. A greater majority of women indicated that the health department should offer meals-on-wheels for senior citizens than did men.

Although only 45 percent of the total sample felt the Bear River District Health Department should offer birth control counseling as a service, no statistical significance was found to exist between variables of income or education. A statistical significance at the .01 percent level was found to exist, however, between sex and whether or not the respondent felt the health department should offer birth control counseling. A greater majority of men indicated that they felt the health department should offer this service than did women.

No statistical significance was found to exist between income area, educational status or sex and whether or not the respondent felt that the Bear River District Health Department should offer community health education programs. However, the largest majority in all three income areas, all three educational levels, and both sexes were in favor of such a program.

Statistical significance at the .01 percent level was found to exist between the respondents' income level and whether or not they felt the health department should promote recreational programs. The trend indicated that the higher the income level, the less apt the respondent was to be in favor of the health department offering such a service. Statistical significance at the .01 percent level also existed between an individual's educational achievement and whether or not they felt the health department should promote recreational programs, with the trend also being the higher the educational achievement, the less apt the respondent was to be in favor of such a program. No statistical significance was seen to exist between a respondents' sex and whether or not they felt the health department should promote recreational programs.

Although only 30 percent of the total sample were in favor of the health department offering abortion

information as a service, no statistical significance was found to exist between the respondents' income level and their response to this question. Statistical significance at the .05 percent level was found to exist however, in relationship to the respondents' educational achievement and their answer to this question. The data suggest that the higher an individual's educational achievement, the less apt the respondent was to be in favor of the health department offering abortion information. No statistical significance existed between the respondents' sex and their answer to this question. However, a larger majority of men were in favor of such a service than women.

No statistical significance was found to exist between the respondents' income area, educational achievement, or sex and whether or not they felt the health department should offer hypertension screening clinics. The largest majority in all three income areas, all three educational levels, and both sexes were in favor of such a service, however.

A statistical significance at the .02 percent level was found to exist between a respondents' income area and education and whether or not they were in favor of the health department offering EKG screening for school children. A greater majority

of the respondents in the low income area were in favor of such a service than in the high income area, and also a greater number of respondents with a high school degree or less were in favor of such a service than those with a bachelor's degree or a graduate degree. No statistical significance was found to exist between the respondents' sex and whether or not they felt the Health Department should offer EKG screening for school children.

A statistical significance at the .01 percent level was found to exist between an individual's income area and whether or not he felt the Health Department should offer programs for health problems of women; with the greater majority of respondents in the low income area favoring such a service than in the middle or high income areas. No statistical significance was found to exist between an individual's educational level or sex and the response to this question.

No statistical significance was found to exist between either income area, educational level, or sex and whether or not the respondents felt that the Bear River Health Department should offer venereal disease screening and treatment. In each income area, educational level, and sex, the largest majority favored such a service, however.

Although no statistical significance was demonstrated for any of the three variables for question

number nine, the data certainly suggest that the majority of the sample population feel that the services presently being offered by the Bear River District Health Department are sufficient to fulfill the District's role and responsibility to the community. No information is available to determine why 4 percent of the respondents felt the Health Department was not fulfilling its role and responsibility to the community. The alarming statistic presented in this data is that 40 percent of the total population had no response to this question. This may seem to indicate, again, a lack of knowledge and awareness of the services offered by the Bear River District Health Department. This large percentage of respondents who did not answer the question existed for all three income areas, educational levels, and both sexes.

Question number ten was designed to determine if the respondent felt that the Bear River District Health Department discriminated against any particular group. The data for this question clearly show that the great majority of respondents felt that the Health Department did not discriminate against any particular income or racial group. Of the total sample of 150 respondents, only two felt that the Health Department discriminated against a particular income or racial group. These two respondents both had an educational level of a high school

degree or less; one was in the low income area, and one was in the middle income area. The data in Table 10-B, which were significant at the .05 percent level, showed that the higher the educational level, the less likely the respondent was to feel that the Health Department discriminated against a particular income or racial group. Once again there is a large percentage of respondents who did not answer this question, and this again may have been because of a lack of awareness and knowledge of the Health Department and its practices.

The response to question number eleven was overwhelmingly in favor of the Bear River District Health Department being responsible to widely advertise its services. A total of 148 respondents of the total sample of 150 agreed that the Health Department should widely advertise its services, while one respondent indicated that the Health Department should not widely advertise its services, and another had no response. The two respondents who did not answer affirmatively were both in the middle income area. One had an educational achievement of a high school degree or less, and one had a bachelor's degree. One was male, and one was female. These data seem to suggest that the sample population believed that the Health Department should widely advertise its services in an effort to create public awareness of those services which are available.

Question number twelve was designed to determine if the respondents felt that the Bear River District Health Department had adequately advertised its services in the past. Of the total sample of 150 subjects, nearly 50 percent felt that the Health Department had not adequately advertised its services in the past, 20 percent felt the Health Department had adequately advertised its services in the past, and 30 percent of the total sample had no response. A large majority of the respondents in the low income area and the middle income area felt that the Health Department had not adequately advertised its services in the past, than the respondents in the high income area. This may be attributed to the fact that those respondents in the high income area sought services at the Bear River Health Department less often. However, the opposite was true in respect to educational achievement, with the highest proportion of respondents who believed that the Health Department had not adequately advertised its services in the past being in the educational level of having obtained a graduate degree or less. The largest percentage of those respondents having obtained a high school degree or less had no response to this question.

The data in Table 12-C, which was found to be significant at the .01 percent level, showed that far more men than women felt that the Health Department had

not adequately advertised its services in the past. These data might be attributed to the fact that fewer men than women seek services from the Health Department. Therefore, they would be less familiar with which services were available and which services had been advertised.

Question number thirteen was designed to determine if the respondents felt that the Bear River District Health Department was in competition with private physicians or not. Of the total sample of 150 subjects, 118 felt that the Health Department was not in competition with private physicians, while two respondents felt that the Health Department was in competition with private physicians. A total of thirty respondents did not answer this question. The two respondents who felt that the Health Department was competing with private physicians were both males, and both in the low income area. One had an educational achievement of a high school degree or less, and one had a bachelor's degree. No statistical significance was obtained for any of the three variables regarding this question. The data clearly suggest that the vast majority of respondents believed that the Bear River District Health Department did not operate in competition with private physicians in the city.

Question number fourteen was designed to determine if the respondent felt that the Health Department should be involved in planning health services and then delegating the duties and authorities involved in those services to other agencies, or whether the Health Department should be responsible for delivery and performance of services which it plans. The data in Table 14-A, which were significant at the .01 percent level, suggest that the higher the respondent's income level the more favorable his outlook toward the Health Department planning health services and then delegating responsibilities for these services to other agencies. This trend was also true in regard to educational achievement. The data in Table 14-B were also significant at the .01 percent level and also show that the higher the respondent's educational achievement, the more favorable his outlook to such an arrangement. Although more males than females agreed with this situation, no statistical significance was found to exist here. Of the total sample, the majority of respondents were in favor of the Bear River District Health Department acting in such a capacity.

Question number fifteen was designed to determine whether or not the respondent would rather have utilized the Bear River District Health Department or a private physician to obtain health services. Statistical significance at the .01 percent level was found to exist

between the respondent's income level and his response to this question. The data showed that the higher the individual's income, the more likely the respondent was to have utilized the services of a private physician rather than the Bear River District Health Department. The data regarding educational achievement and response to this question were also found to be significant at the .01 percent level. The data also showed that the higher the respondent's educational achievement, the more likely he was to have used a private physician to receive services than the Bear River District Health Department. No particular significance was found to exist between response to this question and the sex of the respondent. These data may seem to suggest that the higher the respondent's socioeconomic status, the less apt he is to believe that services at the Bear River District Health Department are available to him, and that these services are mostly available for the lower income individual. It also certainly supports the fact that the higher an individual's socioeconomic status, the more likely that individual is to be able to afford the services of a private physician.

Question number sixteen was designed as a control to determine if the income areas originally marked off on the map of Logan were reliable as to the actual income of the residents in those areas. The data were

found to be significant at the .01 percent level, with the majority of respondents with low incomes living in the low income area, the majority of respondents with middle incomes living in the middle income area, and the majority of respondents with high incomes living in the high income area.

Summary

On the whole, men and women responded to the survey instrument in much the same manner. The only areas in which there was a statistically significant difference were in regard to whether or not the Health Department should promote Day-Care Centers, whether or not the Health Department should provide meals-on-wheels for senior citizens, whether or not the Health Department should offer birth control counseling, and whether or not the Health Department had adequately advertised its services in the past.

In regard to the variable of educational level, there seemed to be a general trend that often paralleled the responses by income level. Those respondents with lower educational levels often were more aware of services offered by the Health Department, and often used those services more than respondents with a higher educational level. Areas in which statistically significant difference by educational level was demonstrated included;

reasons for not using services offered by the Health Department, whether or not the Health Department should promote Day-Care Centers, whether or not the Health Department should promote senior citizen centers, whether or not the Health Department should promote meals-on-wheels for senior citizens, whether or not the Health Department should promote recreational programs, whether or not the Health Department should offer abortion information, whether or not the Health Department should offer EKG screening for school children, whether or not the Health Department discriminated against any income or racial group, whether or not the Health Department should be responsible for delivery of all services it plans, and whether or not they (the respondents) would utilize the services of a private physician or the Health Department.

With responses classified by level of income, there was a definite trend that emerged. Those in the lower income level had higher expectations of the Bear River District Health Department in terms of the services they expected to be provided and in terms of the responsibilities of the Health Department to the community. They also used the services more than did respondents from the higher income levels, and were usually more knowledgeable and aware of the services offered by the Health Department. Those respondents in the higher income levels tended to rely more heavily on a private physician for their health needs.

Areas in which a statistically significant difference by income level existed included; having sought services at the Health Department and found them unavailable, whether or not the Health Department should offer water and air quality management, whether or not the Health Department should promote senior citizen centers, whether or not the Health Department should promote recreational programs, whether or not the Health Department should offer EKG screening for school children, whether or not the Health Department should offer programs for health problems of women, whether or not the Health Department should be responsible for the actual delivery of all services it plans, and whether or not they (the respondents) would utilize a private physician or the Health Department for their health needs. Other data approached significance but did not achieve it.

CHAPTER V

Findings, Conclusions and Recommendations

The purpose of this study was to determine the opinions and perceptions of the residents of Logan, Utah, regarding the roles and responsibilities of the Bear River District Health Department, and if those opinions and perceptions differed among residents with low, middle and high incomes; among residents with a high school degree or less, a bachelor's degree or less, and a graduate degree or less; and among male and female residents. This was done by administering a survey instrument to a stratified random sample of the Logan population.

Findings

The study demonstrated the following findings:

1. The majority of respondents were not aware of the functions and services of the Bear River District Health Department. This level of awareness did not differ significantly among low, middle and high income respondents; among respondents with a high school degree or less, a bachelor's degree or less, or a graduate degree or less; or among men and

women. However, a larger percentage of low income respondents were aware of the function and services of the health department than respondents of middle or high income.

2. Various opinions were held by respondents regarding the role, responsibilities and services of the Bear River District Health Department. The majority of respondents had a favorable outlook regarding these roles, responsibilities and services, and felt the Bear River District Health Department was fulfilling its role within the community. These opinions did not differ significantly, but differed to some extent among low, middle and high income respondents, among respondents with a high school degree or less, a bachelor's degree or less, and a graduate degree or less, and, to a lesser extent among men and women.

3. The majority of respondents did not utilize any of the services offered by the Bear River District Health Department except such services as sewage control, water and air quality management and other community-wide services which do not need to be actively sought out by residents.

4. Usage of services differed significantly among low, middle and high income respondents. Usage of services also differed, but not significantly, among

respondents with a high school degree or less, a bachelor's degree or less and a graduate degree or less, and, to a lesser extent among men and women.

Conclusions

In generalizing the findings of the study to the population of Logan, Utah, the following conclusions have been made:

1. The majority of the residents of Logan, Utah, were not aware of the functions and services of the Bear River District Health Department. This level of awareness decreased as income level increased.
2. The majority of residents of Logan, Utah, felt that the Bear River District Health Department was fulfilling its role and responsibilities to the community. This was the case for all income levels.
3. The majority of residents of Logan, Utah, did not utilize the services of the Bear River District Health Department to meet their health needs, but relied on some other agency or professional to meet those needs. This tendency increased as income increased.

Recommendations

The following recommendations have been made:

1. The Bear River District Health Department should conduct an active advertising campaign aimed at all economic levels within the community.

2. In advertising, the Bear River District Health Department should make a concerted effort to inform residents of the community that services are available to anyone irregardless of income level, educational level or sex, and that services are not merely for lower income individuals.

3. In advertising, the Bear River District Health Department should utilize advertising facilities other than just the newspaper, such as radio, television, flyers and personal contact with other social agencies, private agencies, schools and civic groups.

4. The Bear River District Health Department should be aware of instances in the future when they might improve or expand present services and add new services.

5. The Bear River District Health Department should strive to achieve and maintain close community ties for communications of health needs by means of surveys, workshops, clinics, councils and public relations.

6. The public health department exists to serve all individuals within the community, and should do anything within its power necessary to raise the standard of health and health knowledge among the members of that community. Public awareness and health education seem to be the major vehicles by which this can be accomplished.

Recommendations for Future Studies

In the event that similar studies are undertaken in the future, the following recommendations are made:

1. The researcher should make an effort to control for sample subjects who have only recently moved into the area and have no knowledge basis with which to answer survey questions.
2. In studies done in areas similar to Logan, Utah, religion should be controlled as a variable.

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APPENDIX

APPENDIX I

Survey Instrument

Sex _____ Education: HS _____ BS _____ GD _____
Occupation _____ Area _____

1. Do you know where the offices of the Bear River District Health Department are located?
Yes _____ No _____ No Response _____
2. Have you ever used any of the services offered by the Bear River District Health Department?
Yes _____ No _____ No Response _____
3. If yes, how did you learn of these services?
T.V. _____ Radio _____ Newspaper _____ Other _____
4. If no, why not?
 - (a) Have not needed them _____
 - (b) Were not aware they were available _____
 - (c) Always use family physician _____
 - (d) Other _____
5. Have you ever sought services at the Bear River District Health Department and found them unavailable?
Yes _____ No _____ No Response _____
6. If yes, what services were you seeking? _____

7. What services would you like to see offered by the Bear River District Health Department? _____

No Response _____

8. Which of the following services would you like to see offered by the Bear River District Health Department?

(a) Immunization clinics	Y	N
(b) Drug counseling	Y	N
(c) Drug rehabilitation programs	Y	N
(d) Prenatal care courses	Y	N
(e) Water and air quality management	Y	N
(f) Food and food establishment inspection	Y	N
(g) Promotion of daycare centers	Y	N
(h) Promotion of senior citizen centers	Y	N
(i) Meals on wheels for senior citizens	Y	N
(j) Birth control counseling	Y	N
(k) Community health education programs	Y	N
(l) Promotion of recreational programs	Y	N
(m) Abortion information	Y	N
(n) Hypertension screening clinics	Y	N
(o) EKG screening for school children	Y	N
(p) Programs for health problems of women	Y	N
(q) Venereal disease screening and treatment	Y	N

9. In your opinion, are the services presently being offered by the Bear River District Health Department fulfilling their role and responsibilities to the community?

Yes _____ No _____ No Response _____

10. Do you feel that the Bear River District Health Department discriminates against any income or racial group?

Yes____ No____ No Response ____

11. Do you feel that it is the responsibility of the Bear River District Health Department to widely advertise their services?

Yes____ No____ No Response ____

12. Do you feel that advertisement of these services has been adequate in the past?

Yes____ No____ No Response ____

13. Do you feel that the Bear River District Health Department is in competition with private physicians?

Yes____ No____ No Response ____

14. Do you feel that the Bear River District Health Department should be involved in the planning of health services, but not be responsible for the actual delivery of those services?

Yes____ No____ No Response ____

15. If identical services were available, would you utilize the Bear River District Health Department or a private physician?

B.R.D.H.D.____ Physician____ No Response____

16. My estimated yearly income is:

(a) under \$8,000 _____

(b) \$8,000 to \$12,000 _____

(c) Over \$12,000 _____

APPENDIX II

Map of Logan, Utah

